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Cream . . . . . £1.22p R.R.P.

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Thames Street,  
Walton-on-Thames,  
Surrey.  
TEL: Walton-on-Thames 28335

# CHEMIST & DRUGGIST

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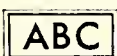
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15 April 1978

## COMMENT

### The Budget

No VAT change news must be good news for retailers in any Chancellor's Budget speech (except that everyone would like a return to a single rate), but Mr Healey's effort on Tuesday had little else to cheer the distributive trades. Consumer demand is hardly set to take-off with less than a couple of pounds extra in most families' weekly pay-packets, and the coming year (or half-year if the Chancellor is true to form or the Government goes to the country) may see people looking for further cuts in their expenditure on non-essentials unless inflation is controlled even beyond government predictions.

The extra cash for the Health Service must, of course, be welcomed. But it appears to have been earmarked already—and the pharmaceutical services were not among the proposed recipients!

The concessions to small businessmen are certainly steps in the right direction, in particular the tax changes related to the handing-on of a family business and to sale of a business on retirement. But unless they present merely the start of a new Government attitude, the smaller businessman's future is far from assured.

### Conference thoughts

Paradoxes abound at most conferences—between topics, between speakers, even within papers—and all too often the bemused participants fail to come away with any clear identification of the best way ahead for themselves.

At the pharmacy management conference last week (p589), Mr Gordon Hill predicted that independents would be forced out of town centres, and he advised that they join together now to go into health centres in consortia of five or six, the main aim being "to maintain one's present pharmacy". But the factors militating against survival do not go away because a pharmacist has a fifth share in a consortium; costs do, however, increase, and survival may be jeopardised even further. This leaves either several of the consortium's pharmacists acting purely as drug store managers or five or six (plus attendant technicians or dispensers) falling over each other in the health centre. Mr Hill's advice sounds a recipe for out-of-work pharmacists—surely what his research really highlights is the urgency of a planned (or rational, to use current jargon) pharmaceutical service.

More unresolved double-think was evident on advertising. Mr H. Chambers (Nielsen) advised independents to join together to buy the services of marketing experts; Mr N. Thomason (Reckitt & Colman) talked about their "identity problem", but Mr R. Blyth (editor, *Pharmaceutical Journal*) believed it was unnecessary to use restricted titles as the public know where to find local pharmacies. The public may know where pharmacies are, but do they always know them by name? Is it not a fact that people "pop round to the chemists" or as Miall James told the conference "to the chemist opposite the police station".

Without that vital word, much of the impact of commercial advertising campaigns is wasted. And it should be remembered that the objective is to get people into the pharmacy when they are *not* feeling unwell, thus providing the pharmacist with further opportunities to build up a professional relationship with customers—and perhaps exposing them to the health education material that goes unread by the "healthy" in the so-called "professional" pharmacy. If the profession wishes to take health to the public, clearly the more contacts there are the better—which makes the commercial element very important.



# Budget help not enough for small businessman — NPA

"There is very little in the Budget to give a boost to the small businessman", was how the National Pharmaceutical Association reacted to the Chancellor's proposals on Wednesday. "We were fully expecting very much more than this half-hearted package"; says NPA—but it does welcome particularly the capital gains concession to people selling a business on retirement.

The Budget did contain a number of other elements designed to aid the smaller businessman, however. Business assets or shares in a family concern can now pass as a gift to a member of the family with no Capital Gains Tax on the increase in value. Capital Gains Tax will only be payable upon sale.

Another reform in Capital Gains Tax is that the maximum relief when a business is sold on retirement at 65 years or over is increased from £20,000 to £50,000. If sold when the owner is 61 years the relief has been raised to £10,000 and increases for each year to the maximum at 65 years. At the beginning of his career a small businessman, anyone who sets up a new business (not a company) can now offset losses in the first or following three years against income from the previous three years, including earnings from a job. Before this Budget, only income earned since the business was set up could be offset against losses.

As an incentive to those who lend funds to small trading businesses, any loss from irrecoverable loans or guarantee payments can be offset against any capital gains made in the same or later years. The present stock appreciation relief scheme (deferment of Corporation Tax on increase in stock value due to rising prices) is to be continued and legislation is to be introduced to enable the deferred tax bills to be reduced or cancelled.

The lower rate of Corporation Tax of 42% will now be applied to companies with profits up to £50,000 instead of £40,000. The threshold for VAT registration is raised from £7,500 to £10,000 and from July 1 the limit for deregistration is also increased from £6,000 to £8,500. Bad debts for insolvencies formulated after October 1 will be allowable VAT relief.

On Wednesday, as *C&D* went to press, it was announced that changes in VAT procedures would be introduced over the next few months. These will include:

- ☐ Simplification of the VAT return.
- ☐ Removal of existing restrictions on alignment of the VAT accounting period

with trader's accounting years for all businesses with turnover under £50,000.

☐ Encouragement to small businesses to simplify their accounting by using cash-book records for input purposes

☐ An increase in the limit for less detailed tax invoice from £10 to £25

☐ Modification of the rules for partial exemption to increase the number of traders eligible for full deduction of input tax

## Help from EEC

The European Parliament is pressing for action to help small businesses. A report from the Committee on Economic and Monetary Affairs, published recently, examines the role of small businesses in the Community's economy and proposes some radical changes in tax and social security contributions to help them survive. The Commission has also recently introduced changes in Community competition law designed to extend the scope for close co-operation between small or medium sized firms. It is now working on other measures in connection with subcontracting, block exemption of certain patent-licensing and mergers.

According to the report four out of five

people prefer to work in smaller or medium firms with a maximum of 50 employees. Apart from agriculture or public administration, between a half and two thirds do so. However, since the end of the War, the small business has been tolerated rather than encouraged. The attitude is changing now unemployment is high, it says. Authorities have begun to realise that small firms are usually labour intensive, flexible and adaptable and normally enjoy good staff-management relations.

The report notes that small businesses have relatively little influence on central wage negotiations or on government policy. One consequence is that rises in productivity are usually taken as the starting point in negotiations for wage increases but that is unfavourable to the small business because productivity is often an unrealistic criterion. The Committee suggests the labour-intensive small business should have more say in wage negotiations and that government pricing policies should differentiate between labour-intensive and other sectors of trade.

Reforms in social security contributions include collection not only on the basis of the wage bill but partly an added value of the company, which would mean less incentive to reduce the work force to decrease contributions. A disadvantage could be to discourage modernisation.

The Commission believes that help for small businesses is essentially a matter for national governments but has taken action to try to help by expanding the scope of the Business Co-operation Centre. The European Investment Bank makes funds available to industry and priority is to be given to projects from small and medium companies.

## Further approach to Mr Ennals

The Pharmaceutical Services Negotiating Committee chairman, Mr Bob Worby, has again written to Mr David Ennals, Secretary for Social Services, explaining why the Committee believes his case against the claim for an increase in profit margin is unacceptable. Mr Worby's letter reads: "We regard the argument you have put forward repeatedly during two years of protracted negotiation as being based upon subjective judgment and arbitrary rejection of the various submissions and comparisons we have made in connection with the level of our return on capital employed, and its effect upon our net return on turnover.

We are, in consequence, still unable to agree the balance sheets from and including the year 1975. From mid 1975 the valuation of our capital stands unilaterally rebased at an artificially low level reflecting previous inadequate return upon capital invested. Drug price inflation has consistently far outstripped the rate of inflation generally and is forecast by your own Department at approximately twice the national rate for 1978.

Notwithstanding the redistributive measures originally proposed by our

1976 conference, pharmacy closures continue, albeit at a marginally reduced rate. The level of service we can provide is being steadily depressed and chemist contractors continue to suffer financial hardship.

What further grounds could be required for an appeal for reference to arbitration after two years of fruitless argument? I shall be glad to hear that you have made a copy of this letter available in the library of the House of Commons together with the rest of our recent correspondence."

Mr Ennals had previously told Mr Stephen Ross MP, in a Parliamentary written answer, that he had not been told on what grounds the PSNC had found his case against their claim unacceptable.

## April Price List

We apologise to *C&D* subscribers for the late delivery of the April Price List, which was due to delays at the printers. All copies of the List were in the post by Friday April 7 and should have been delivered to subscribers early this week.



# BONUS SPECIAL OFFER!



# Uvitan

for true sun worshippers.



# NEW UVITAN

**for true  
sun worshippers**

Uvitan—a unique new suntan cream which you will find a welcome addition to WB Pharmaceuticals range of sun care products.

Many years market research of consumer requirements ensure that Uvitan, with its original formula, provides the suntan preparation with a difference.

Uvitan will not only help its user get a richer, natural suntan but its special surface-acting ingredient guards against excessive moisture loss.





**For Retail Chemists only.**  
**up to 75% Profit**  
**on Cost\***

## **Fast-Expanding Market Demands Big Advertising Support.**

In 1977 the total sun preparations market was worth approximately £12 million and therefore competition in 1978 is bound to be fierce.

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Full colour spreads in the top women's magazines. During a period of five sizzling months we will achieve a massive 90% coverage of the prime target market for suntan preparations. And an incredible 55% coverage of all adults!

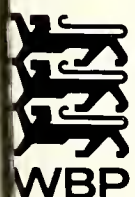
TV and cinema commercials in specially selected areas will support the magazine advertising and will illustrate clearly and persuasively the benefits of Uvitan's special ingredients.

And distinctive display material. Specially designed to make maximum use of a minimum of your shelf-space.

\*Optrex Ltd. are appointed selling agents and bonus details will be available from their representative.



**Uvitan for true sun worshippers.**



WB Pharmaceuticals Limited,  
 Bracknell, Berkshire,  
 RG12 4YS. Tel: (0344) 50222.  
 Telex: 847634.



Uvitan, Uvicool and Uvistat are trade marks of WB Pharmaceuticals Limited.



# SPECIAL BONUS OFFER!

For orders received by 2nd May, 1978.

## Bonus Plan One

Order 10 dozen or more Uvistat, Uvitan, Uvicool or Uvistat 'L' and you receive a bonus of 2 for each dozen ordered.

## Bonus Plan Two

Order 4 dozen minimum Uvistat, Uvitan, Uvicool or Uvistat 'L' and you receive a bonus of 1 for each dozen ordered.

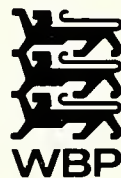
(Uvitan and Uvicool may be ordered in ½ dozen quantities).

## Multi-Product Counter Display

We've produced a brand-new point-of-sale-display unit which contains all the products in the Uvistat range of sun-care preparations. If you would like to receive one of these units please tick the box on the order coupon.

Complete and send this order coupon to  
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Remember, you don't need  
a postage stamp,



### ORDER COUPON

Name and address of Chemist \_\_\_\_\_

#### PRODUCT

#### QUANTITY ORDERED (DOZ)

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Uvicool After Sun Lotion 125g

Uvistat Sun Screen Cream 100g

Uvistat Sun Screen Cream 50g

Uvistat-L 5g

Uvitan and Uvicool may be ordered in ½ doz quantities.

Please tick this box if you would like a counter display unit. ☐



# Pay pharmacists for primary health care

The North-east Thames Regional Health Authority should press the Department of Health to negotiate a method of payment which gives proper recognition to the general practice pharmacist's professional role in primary health care, says a working group of pharmacists in a preliminary report produced recently.

Other recommendations from the group, set up by the local Regional Pharmaceutical Committee are:—

□ Health authorities should encourage and help general practice pharmacists to play a full part in the primary health care team and in health education, in order to promote the safe, effective and economic use of medicines in the community.

□ AHAs should review pharmaceutical arrangements in their areas and encourage greater participation by GP pharmacists wherever possible.

□ RHAs and AHAs should take account of the likely effect on the GP pharmaceutical service when deciding on sites for new health centres.

□ Health authorities should ensure that GP pharmacists are invited to serve on all primary health care planning teams and other groups concerned with primary health care.

## Effective use of resources

The working group was set up because the North-east Thames RHA established a working party in primary health care which decided, because of the wide range, to restrict its field and consequently did not consider in depth the pharmaceutical, dental and ophthalmic services. The brief of the RPC group was to prepare a preliminary report for the RHA on the role of pharmacy in primary health care and the present state of service in the region; to look in more depth at the potential for closer involvement; to recommend ways in which the region could make more effective use of its pharmaceutical resources.

The report shows that the number of pharmacies in the region decreased from 778 to 738 between September 1974-77 yet in the Essex area alone the number of dispensing doctors has increased from 162 to 165. It points out that the distribution of pharmacies is also changing with a tendency to cluster around health centres and group practices, leaving other areas without a community pharmaceutical service. Besides the obvious loss in dispensing service, closures result in a more general loss of professional service to the community which may be more important in the long term.

The RHA itself can do little to influence the situation directly, the report says, but could help considerably by pressing the Department to tackle the problem realistically and by encouraging AHAs to take every care not to exacerbate the situation.

The working group is looking in greater depth at the ways for the GP pharmacist to become more closely involved in primary health care which will be the subject of a future report.

The working group comprised: Mr M. J. Woolgar, area pharmacist and chairman, RPC; Mr B. W. Burt, senior lecturer, Chelsea College; Mr G. Baxter, GP pharmacist; Mr J. Iles, GP pharmacist; Miss J. C. Greenleaf, RPhO. Assistance was given by: Mr R. Jackson, Mr G. Noden, Mr B. Shooter, general practice pharmacists.

## Council pays £800 for script scheme

Redditch District Council is to pay £800 a year for a prescription collection and delivery service for patients in Astwood Bank.

The service has been set up following closure of the pharmacy in Astwood Bank about three years ago. Prescriptions collected by a local draper will be dispensed by pharmacists in Redditch town centre. Travelling expenses are likely to cost £500, use of the draper's as a collection point will cost £260 and the rest of the money will cover increased car insurance for the collectors.

The council's health committee is to check the success of the venture every three months, having been told that not more than 12 prescriptions a week are likely to be needed by Astwood Bank residents. The committee's chairman, Councillor John Coleman, feels the scheme will create problems when other areas want the same facility.

## Ireland gives the best return

American health-care companies have reaped "a substantially better return" on investment in Ireland than in any other EEC country, according to a report from the Chase Manhattan Bank. "In 1975, manufacturing companies reported earning 29 per cent on Irish investment—almost double the 16.2 per cent earned in Germany (second-ranked) and almost triple the EEC average of 10.3 per cent," says the report, which surveys US health-care companies with plants in Ireland.

US health-care companies have invested an estimated \$200m in Irish manufacturing facilities since 1972, and account for more than a quarter of the total US investment in Ireland. Of the American companies in Ireland, 79.6 per cent have re-invested their profits there, compared with the 42 per cent EEC average for all industries.



Miss Beverley Isherwood, winner of the 1978 "Miss England" competition sponsored by PLJ, was until recently employed as a beautician at a Boots' branch in Bolton

## 'Aspirin today' film and report

The Aspirin Foundation has produced a film, "Aspirin today," aimed for a wide audience ranging from doctors, pharmacists and the public interested in science and medicine. The film is introduced by Raymond Baxter, who discusses the use and action of aspirin with a panel of experts attending a symposium on the drug last November. The possible value of aspirin in preventing thrombosis and reducing the spread of bone metastases from certain cases of breast cancer are also examined.

The film is available on free loan from Guild Sound & Vision Ltd, Woodston House, Oundle Road, Peterborough PE2 9PZ. Copies of the aspirin symposium proceedings are now available free from the Aspirin Foundation, 1 Roberts Mews, Lowndes Place, London SW1X 8DA.

## Small rise forecast for chemicals output

The index of chemicals production fell during 1977 and in the fourth quarter was 5.5 per cent below the first quarter peak, but over the year as a whole output was 2.7 per cent higher than the previous year. Performance was very much below expectations, however.

This year growth in output is unlikely to exceed 3.3 per cent, according to the Chemical Industries Association. Export prospects are relatively depressed with volume growth forecast at 5 per cent, compared with a long-term average of about 10 per cent per annum. Prospects for 1979 are little better.



# Guild makes progress on area posts

Separate area pharmaceutical officers are to be appointed to the Clwyd and Gwynedd Area Health Authorities, the joint appointment being discontinued. That was part of the progress in resolving difficulties in some pharmaceutical posts reported at last month's Guild of Hospital Pharmacists, Council meeting. The post of APhO to the Northampton AHA had now been advertised but concern was expressed that the proposed job description indicated that the APhO would be co-ordinated by the district administrator. The district member is to investigate. There was no change in the management arrangements of the joint Regional-Area PhO post in Oxford RHA.

Donna Haber, the divisional officer, reported some progress in the "Top post review" following meetings with management. Discussions were taking place on grading definitions and they were to be continued at this week's meeting after *C&D* went to press. In addition the claim for substantial increase in consolidated salaries for all pharmacists, including the provision of pro-rata terms and conditions for all part-time pharmacists, had been submitted. Miss Haber also said that under the new agreements on maternity leave it was proposed to grant paid leave for 18 weeks and that the post would be kept open for one year.

The secretary reported on a multi-disciplinary meeting which had been discussing the provision of information to patients about their medication. A working party would be formed to examine the situation and a pilot scheme might commence.

## On-call payment

Council considered the motions carried at the branch delegates' meeting in Cardiff with particular reference to those dealing with payment and arrangements for "on-call" services. Reference was made to the possibility of negotiating payments at local level. The divisional officer emphasised that such negotiations must involve the local divisional officer and it was agreed that members be informed of the dangers of accepting unrealistic payments.

Council was reminded that members who pay their subscriptions by "check-off" and transfer their employment from one health authority to another must ensure that their new employers are informed of their wishes to continue their Guild subscriptions by this method.

Among draft publications received for comment by Council were "Post marketing surveillance of drugs—recorded release system" which could involve hospital pharmacists in the monitoring of the performance of new drugs; "Application of the Medicines Act 1968 to health authorities—quality control" a draft letter to supplement the recommendations

of HN(77)64; and "new legislation on pressurised systems." Council also discussed a draft document on "hazard warning and drug recall procedures" prepared by the Secretary and agreed that it be forwarded to the Department of Health.

The meeting was the first to be chaired by the new president, Mr C. Hitchings, who introduced the two new members of Council, Miss A. Walton and Dr R. Lowther. Mr F. A. D. Allen, who recently retired as APhO to the Redbridge & Waltham Forest AHA was elected an honorary member. Elections took place for the various Guild committees and Mr H. H. Poole was appointed deputy editor.

The president drew the attention of Council to the success of the East Midlands Group in recruiting many new members. Before closing he thanked Mr C. Hetherington for his presidency during the previous three years.

## Evans medal goes to John Myers

The Evans Medal, awarded for services to hospital pharmacy, was presented this year to Mr John A. Myers, chief administrative pharmaceutical officer to the Lothian Health Board, Scotland. Mr Myers is a member of the Pharmaceutical Society's Council and of the Scottish Department Executive. He is also a member of the British Pharmacopoeia sub-committee on surgical dressings as well as sitting on the British Standards Institution Committee on Blood Transfusion Equipment for Medical Use and the BSI Technical Committee on Standardising Hypodermic Syringes, Needles etc. Mr Myers was presented with the medal by Mr Derek J. Brown, quality controller, Evans Medical Ltd.



Mr John Myers (left) accepting the Evans medal from Mr Derek Brown, Evans Medical Ltd

## Control of contact lens fluids

Proposals for the control of contact lens fluids under the Medicines Act have been issued to trade, professional and consumer interests by the Department of Health. It is envisaged that licensing would be introduced on October 1, 1978, and there would be a transitional period during which firms already making such fluids would apply for licences.

Proposed regulations to be introduced on that date would require labels to carry information on the type of lenses with which the particular fluid is compatible and on the uses for which the fluid is intended; a warning that the solution should not be mixed with fluids other than as directed; also advice to discard the solution after a specified period (normally within 28 days of opening); an expiry date; a warning not to apply the solution directly to the eye, if appropriate; a warning not to use any eye medicament at the same time, except under professional supervision.

Another proposal is that the information given in any leaflet or fact sheet intended for doctors, opticians and pharmacists should be standardised. This would include composition of the product; known compatibilities and incompatibilities of user with lens types; problems encountered in practical use on which professional advice would be helpful.

These proposals follow up the Medicines (Specified Articles and Substances) Order 1976 (SI 1976 No 968) which, with suitable adaptations, certain powers in the Medicines Act to contact lens fluids and certain other products. This also prepared for the control of contact lenses. The intention is to control fluids first, but the present memorandum gives advance notice of proposals for lenses about which there will be further consultation. It is confirmed that it is not the present intention to make contact lens fluids Prescription Only Medicines. Nor is over the counter sale to the public an activity requiring a licence.



# How can Britain ever work flat out?

Backache in Britain is rife.

So how can British industry expect to surge forward with countless workers flat on their backs?

Yet relief can be quick and simple with Doan's Backache Pills.

For fifty years this tried and tested formula has spelt quick and sustained relief from the miseries of backache, lumbago, fibrositis and muscular rheumatism.

So help get the nation back to work with Doan's Backache Pills.



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BACKACHE PILLS  
A Fulford Williams Product

Fulford Williams (International) Limited,  
Cornwall Road, Hatch End, Pinner, Middlesex.



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It is a unique personal service that you can offer too.

It is called Ear Piercing - painless, fast and very profitable

By INVERNESS the only medically designed Ear Piercing system.

For a brochure or demonstration ring Windsor 51336 or send in the coupon for full details.

To: Louis Marcel Ltd, 12 Bexley Street, Windsor.

Please send me an Inverness brochure ☐

Please ask a representative to telephone me to make an appointment for a no obligation demonstration. ☐

Name.....

Address.....

..... Tel No.....



**Dr Calum B. Macfarlane**, director of pharmaceutical development at the Syntex Research Centre in Scotland, has been appointed a visiting lecturer in the department of pharmaceutical technology, University of Strathclyde. Before joining Syntex, Dr Macfarlane spent eight years as a lecturer at Strathclyde University.

**Mr Paul Mannion** has been elected the new president for the British Pharmaceutical Students' Association. He is at present an undergraduate at UWIST, Cardiff. It has not yet been decided whether he is the 37th president or the first following BPSA's becoming a formal section of the Pharmaceutical Society last week.

**Dr Theodore Morris Sugden**, CBE, BA, MA, PhD, ScD, CChem, FRIC, FRS, Master of Trinity Hall, Cambridge, is now president of the Chemical Society.

**Professor Richard Oswald Chandler Norman**, BA, MA, PhD, DSc, CChem, FRIC, FRS, head of the chemistry department, University of York, has been appointed president of the Royal Institute of Chemistry in succession to Mr C. N. Thompson, CBE, FInst Pet, CChem, FRIC.

## Deaths

**Craig:** Suddenly at home on March 30, Mr Robert Craig, MPS, 4 Lomondside Avenue, Clarkston, Glasgow. He qualified in 1929.

**Kerr:** On February 7 Mr Robert Henry Kerr, 73 Lynwood Road, Ealing, London W5, in his 85th year. He registered with the Pharmaceutical Society of Northern Ireland on December 31, 1925. When the reciprocal agreement for the recognition of each other's qualifications was made by the Great Britain and Northern Ireland Societies in 1929, Mr Kerr became registered in Great Britain where he practised as a pharmacist until his retirement in 1967. He took a keen interest in pharmaceutical matters and frequently attended the British Pharmaceutical Conference.

**O'Brien:** On April 5, Mr John Francis O'Brien, MPSNI, 12 Ashgrove Park, Newry. He had a shop in Portadown for several years before moving to Newry where he was in business until a few years ago.

**Young:** Mr James Crothers Young, MPSNI, c/o Belgravia Hotel, 2-12 Ulsterville Avenue, Belfast, at an advanced age. He registered with the Pharmaceutical Society of Northern Ireland in 1926 and conducted his own business in Great Victoria Street, Belfast, for many years until his retirement several years ago.

by Xrayser

## Who Cares?

Dettol, TCP, now Savlon. Ironic really, that I was writing about TCP so recently. I still find it hard to believe that the curt note telling us of the "widening of the market" for the Savlon range has been sent by that nice firm ICI (or was it Avlex, or Goya or Care?) whose honest reps have helped us raise the sales of this chemist-only range so successfully over the past few years, and who only months ago reminded me of the restricted outlet policy, It's a good product, so it's not hard to build sales, particularly when you know that customers who like it will return to one or other of the pharmacies in Britain for further supplies. We should have known that a company the size of ICI would only want us to build a solid sales base before distributing it to all comers. They have, after all, two good examples to follow in Reckitts and Unicliffe. But how I resent the feeling of having been used so dishonestly . . . again.

Pique suggests the product and the rep should be thrown out. Common sense suggests we continue to stock it but try to establish another good product as our main selling line, and I imagine we will be taking a look at the new NPA antiseptic, for at least we know that it won't go outside pharmacy. Yet this does not seem quite the answer, for I wish the NPA could get together with Boots and Unichem to bring out a range for all pharmacy, not just a section of it. I end with a little thought. How much Cepton are you going to buy this year?

## Cosmetics

An interesting interview with the new managing director of Plough (Maybelline) in last week's *C&D*. I wish him success. I don't know about you, but I caught my biggest cold ever with Maybelline which, sold in by an enthusiastic rep who called at least twice, simply did not sell, not even at half price. I have cleared my agencies quite nicely now and look with pleasure at my sales, though occasionally when I see the growing stock and prices of the Rimmel range I get a bit alarmed. If they put much more in I'm going to have to start being selective.

## New aspirin

There seems little point in listing diflunisal as prescription-only since it is safer than aspirin. As the Editor said last week, it is plainly silly. However, with this product, the question of POM or otherwise would appear to be largely academic, for in this country, conditioned to the cost of all drugs being reckoned at twenty pence, it is highly unlikely that anyone would buy this superior aspirin no matter how hard we talked, with a retail price of some £6 for fifty tablets. No-one that is, except the Government, who while refusing us our modest fee will have to welcome this newcomer to the "free" NHS list.

## News in brief

- The Bahrain Ministry of Health has banned the import of all pharmaceutical preparations containing hormones.
- The Border Regional Conference which was to have been held on April 27 in Carlisle has been postponed. The new date has not yet been arranged.
- The Japanese government have extended to a date (so far unspecified) towards the end of 1978 the deadline for receipt of data about new chemical substances from importers. The information, which is required under a scheme to protect

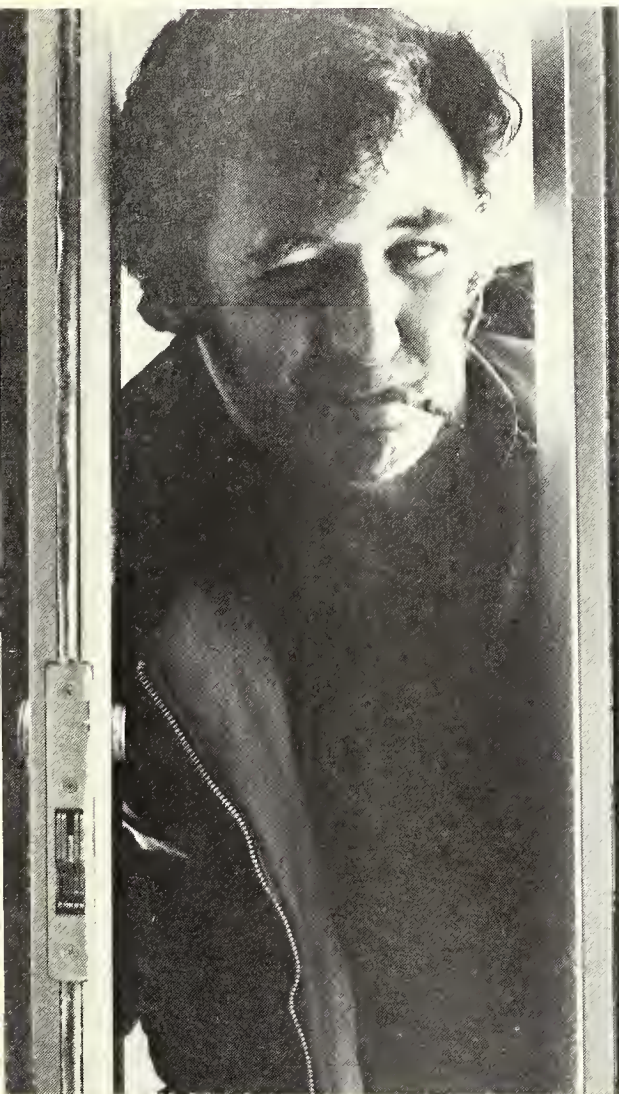
workers from health hazards, comprises English name, chemical structural formula, molecular quantity, boiling point, melting (fusion) point, exterior appearance, use, and name of final product when the substance is an intermediate for making another substance.

□ Contraceptive devices and incontinence pads are included in the April revision of prices to the Scottish Drug Tariff.

□ Chemist contractors in England dispensed during January, 26,296,167 prescriptions—(15,885,258 forms) at a cost of £52,344,426, an average cost of £1.99 per prescription.



# Will your new shop with the extra bu



THE SHOULDER CHARGE



WOMEN DRIVERS

The whole point of an attractive new frontage is to attract more people through the door.

The more often the better.

But while that might be very good for business, it could be a very bad thing for your shopfront.

Especially the door.

With any aluminium framing system, it's the doors that have to bear the brunt of things.

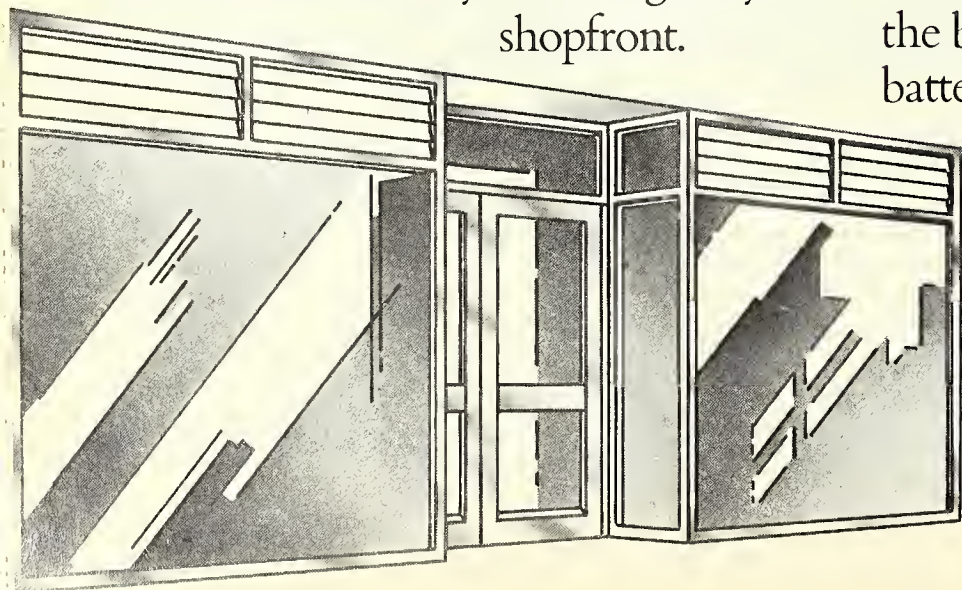
Have you noticed how some people seem to have a bit of a grudge against them?

They'll think nothing of putting the boot in or using a shopping basket as a battering ram.

So we thought that before we tried to interest you in our shopfront systems, we'd better make sure they could take all this.

We rigged one up and tried slamming the door to see what happened.

Only we did it over a million times at a force equalling a 20mph wind.





# Front be able to cope business it creates?



THE FEET FIRST BRIGADE.



THE CHEEKY WAY IN.

Our idea was that if it stood up to this, it would stand up to being attacked by your customers.

When we investigated the results of this test we found no signs of damage.

No welds had broken, no rails had twisted.

The glazing beads and hardware were still secure and the clearance at head, sides and sill had remained constant.

This impressive performance convinced us that it could more than cope with any amount of new business.

But so far we've only talked about the door.

We've not mentioned how elegant our framing system is.

Or the choice between clear anodised aluminium and four Permanodic colours.

There's a lot more to tell you.

So we hope we've created enough interest for you to send us this coupon.

I want a new frontage that can handle the business it creates. Please send me more information.

Name

Company

Address

CD/3

## KAWNEER

KAWNEER U.K. LIMITED, ASTMOOR, RUNCORN, CHESHIRE WA7 1QQ.

THE ONE MILLION  
SLAM TEST



# COUNTERPOINTS

## Nu-form extra safe sheath from Durex

As pictured last week (p531) LRC Products Ltd have introduced Durex Nu-Form Extra Safe which is said to be the first nationally marketed sheath to contain a spermicidal lubricant. The company believes that this protective (3 for £0.33, 12 for £1.32) will be of particular interest to couples seeking an alternative method to oral contraceptives but with a comparable effectiveness and no long term side effects.

Since the late 1960's LRC Products have been working on the development of a sheath with an effective spermicide incorporated into the lubricant. During a regional test lasting seven years, 11,000,000 spermicidally lubricated sheaths were used without complaint of irritation.

The use-effectiveness pregnancy rate was 0.6 per 100 women years which compares with the combined hormone "pill" and demonstrates that conscientiously used, this new protective can be more reliable than the progestogen only "pill," the IUD and diaphragm. The formulation of the spermicidal lubricant has been approved by the Committee on Safety of Medicines, and the British Standards Institution has approved the use of this lubricant.

"It is evident that whereas the woman's prime concern is the safety of the protective, the man also considers the sensitivity of the products when choosing a sheath," says Ted Wallbutton, marketing manager, "to satisfy both these re-

quirements, Nu-form Extra Safe, which is a teat end sheath, has the unique Nu-form shape which allows greater freedom where constriction can dull sensitivity. It is also 15 per cent thinner than standard sheaths giving greater sensitivity while maintaining the same high standard of safety". The company says that approximately 20 per cent of couples between the ages of 16 and 44 use the sheath compared with 28 per cent using the combined hormone "pill".

A counter display box containing 48 packs of three and 12 packs of 12 will be available with a header card reading "A sheath that is safer than ever before". Two smaller display outers containing 48 packs of three and 12 packs of 12 are also available. To stimulate consumer sampling, 12-packs of Fetherlite and Gossamer will contain one free Nu-form Extra Safe. These special packs are available in promotional outers of one dozen. A new range of point of sale material has been produced including window and mirror stickers, shelf strips, show cards and display pieces.

The launch is also being supported by a national newspaper campaign breaking in June in the *News of the World*, *Daily Express*, *Sun*, *Guardian*, *Daily Mirror* and *Sunday Mirror*, running until August. From June until September full page advertisements will appear in women's weekly and monthly magazines. LRC Products Ltd, Sanitas House, Stockwell Green, London SW9 9JJ.

## Animal suspensions

Merck Sharp & Dohme Ltd say that their 32 per cent more concentrated animal health super strong suspensions are now available in England, Wales and Scotland though the launch date here in Ireland has not been finalised. Packs are as follows: Super strong Thibenzole 4 x 1L (£34.04); 4 x 5L (£150.28); 2 x 10L (£144.28); Super strong Ranizole 4 x 1L (£44.80); 4 x 5L (£203.88); 2 x 10L (£193.88); and Super strong Flukanide 4 x 5L (£87.84). Merck, Sharp & Dohme Ltd, Hoddesdon, Herts EN11 9BU.

## Unisex tumblers

Heinz babyfoods are replacing their traditional pink and blue coloured tumblers with an orange version (about £0.30). "The tumbler has been a firm favourite for years with all mothers," said a spokesman for Heinz. "However, we felt the time had come to change

from traditional baby shades to one which was more modern. Mothers no longer buy tumblers on the principle of 'blue for a boy and pink for a girl'. Research has shown that today's mothers are far more likely to be influenced to purchase a tumbler which tones with the kitchen decor." The orange version is in one dozen packs instead of 'four-dozens. H. J. Heinz Co Ltd, Hayes Park, Hayes, Middlesex.

## Max Factor make-up remover stick

Max Factor have introduced a new type of eye make-up remover. It is packaged in a lipstick style case and is a swivel up stick which is said to remove eye make-up at a stroke. The eye make-up remover stick (£0.59) is presented in a mid-blue case with white graphics. It will be available for sale from the end of April. Max Factor Ltd, 16 Old Bond Street, London W1A 3AH.

## Saxin test the weight of posters

A new Saxin Press and poster advertising campaign breaks this month, and will run for two months. Posters have been selected for the first time, and will be used in Scotland and the south of England. The campaign features the same theme on Press and posters, with the copyline "never stir without Saxin". According to Martin Roberts, media manager, "Posters have been chosen for their high visibility, and because they offer the greatest possible coverage and frequency within the budget. We will also be using national Press and specialist slimming publications. But if posters are really successful in the new campaign, we will certainly consider them favourably again as candidate media in the near future". Wellcome Foundation Ltd, Temple Hill, Dartford, Kent.

## Gerber promotion with Boots

Gerber baby foods have launched a new policy of related products promotions with a 10p off flash pack offer on Boots' disposable nappy liners. The offer will last approximately six weeks.

The promotion is featured in Boots national advertising, with special shelf edge cards and showcards in-store. Gerber's group product manager, Robin Martin, says: "This promotion is the first in a series which we are planning to arrange with leading manufacturers in the baby products field". CPC (United Kingdom) Ltd, Claygate House, Esher, Surrey.

## All shades of pink from Cutex

The latest additions to the Cutex Strong-nail with nylon range of protective nail polishes (£0.72) cover all the tones of frosted pink; alabaster, rock crystal and moonstone. Available from the end of the month.

The products will be backed by full colour advertising from April to November in *Living*, *She*, *Over 21*, *Woman's World*, *Cosmopolitan*, *Honey* and *19*. Chesebrough-Pond's Ltd, Victoria Road, London NW10 6NA.

## Strepsils price

The wrong retail price for Strepsils is shown in the April Price Supplement. The correct price of £0.35 appears in the current Supplement. Boots Co Ltd, Thane Road, Nottingham.



# Band-aid offer 'any purchase' coupons

"Buy two packs of Band-aids and get a voucher to spend worth 50p or 75p!" is the theme of Johnson & Johnson's new promotion. Consumers have to buy two medium or two large special offer packs of clear strip or assorted Band-aids and return the back panel entry forms. They will then be sent a voucher worth 50p (on medium size cartons) or 75p (on large size cartons), which are redeemable at the nominated shop of their purchase and they can be used to buy anything in that shop.

The first promotion of its kind for Band-aids, the offer is available from the end of May with new point-of-sale material and sales aids. Band-aid plasters are also being promoted with 30-second television commercials which will appear nationally in June and July. *Johnson & Johnson Ltd, Slough, Berks SL1 4CA.*

## Orlane's new fragrance for men

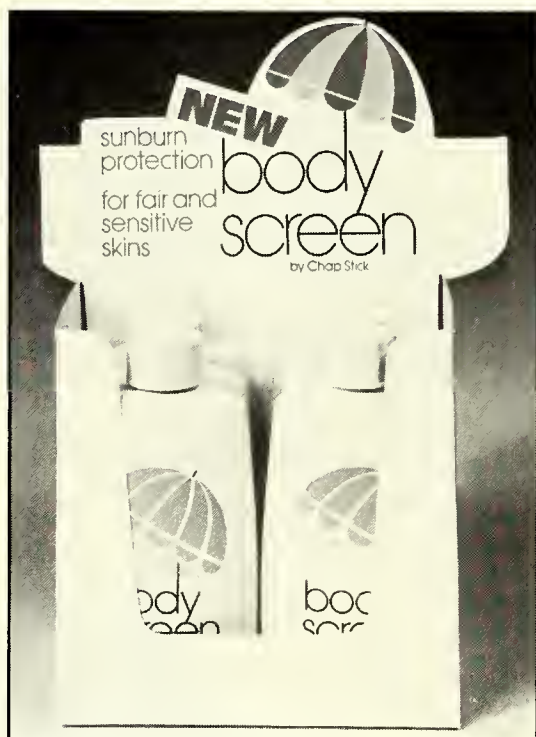
Orlane have introduced a new fragrance for men. Inspired by Jett Rinks the man who in his turn was the inspiration for the film, "Giant", the fragrance is called Derrick and is said to "reject all taboos and express the power of arrogance and an insolent zest for life". The fragrance is composed of nutmeg, coriander, mysore sandalwood, Indian patchouli and Yugoslavian oak moss and is packaged in smoke glass bottles in the style of a jerrycan. Available as an eau de toilette (50ml £5.50, 100ml £8.70, 200ml £13.00) and a natural spray atomiser (100ml £9.40) and an after shave (50ml £4.50 and 100ml £7.00). *Orlane Cosmetics (UK) Ltd, 125 High Holborn, London WC1V 6QX.*

## New shades for Payot

Payot of Paris have introduced three additional shades for their Lumifluid make-up—lumière d'ete, sable-chaud and claire-dore. *Payot of Paris Ltd, High Holborn House, 52 High Holborn, London WC1V 6RL.*

## Body Screen Unit

Introduction of Body screen, a new sun-screen, from A. R. Robins, is being backed by a national summer advertising campaign in women's magazines and *Readers Digest*. A trade bonus supporting the launch includes two different types of counter display units. The larger one is designed to permit combined sales of



Body screen and Chap stick and comprises a 72 unit Chap stick dispenser with a summer crowner on which 6 units of body screen can also be displayed. The 6 unit dispenser for Body screen only is supplied with a mounted header card. *A. H. Robins, Redkln Way, Horsham, West Sussex.*

## Roche push Redelan

Roche Products Ltd., are to spend £200,000 on consumer advertising for Redelan in women's magazines. Advertisements are currently being carried in *Woman's Own*, *My Weekly*, *People's Friend*, *Woman's Realm*, *Woman & Home*, *Family Circle*, *Living* and *TV Times*. Advertising will continue throughout the year.

To coincide with this advertising, Roche have engaged Merchandising Manpower Ltd, to conduct a national sales—merchandising campaign. *Roche Products Ltd, Broadwater Road, Welwyn Garden City, Herts.*

## Gillette on radio

Gillette are to advertise on commercial radio for the first time. Starting the week of April 17, advertisements for Gillette GII will be heard on Capital Radio during early morning spots when men are either shaving or thinking about shaving.

This is part of a £2m campaign to promote Gillette twin blades and, during the six months the commercial is running, the Gillette GII razor plus two cartridges will be available at the sug-

gested retail price of £0.39. Also GII razor packs will carry a special offer giving consumers the opportunity to save 10p off their next purchase of Foamy shaving foam. *Gillette Industries Ltd, Great West Road, Isleworth, Middlesex.*

## Beecham soon to market Airwick

Beecham Proprietaries have been appointed by Airwick (UK) Ltd to handle the selling and marketing of all Airwick consumer products from June 19. The selling of Airwick brands will be handled by Beecham Toiletries under the general sales manager, Mr A. R. Morris, and the marketing will be the responsibility of Mr E. E. Styring. *Beecham Proprietaries, Beecham House, Brentford, Middlesex TW8 9BD.*

## Free emery boards

Sally Hansen are offering a special free emery board on some of their nail treatment products. From May onwards, Sally Hansen cuticle remover and nail treatment cream will have a pack of high quality emery boards attached to the outer. This promotion will run for nine weeks. A special selfasta unit will be available which will display six packs of both products. *Sally Hansen Ltd, Hook Rise South, Surbiton, Surrey, KT6 7LU.*

## Andrews counter unit for spring

Sterling Health have produced a new counter unit and shelf strip for spring and summer sales of Andrews Liver Salt. They both feature an elephant and the slogan "don't forget your Andrews". The unit is designed to hold both the 4oz and 8oz sizes. *Sterling Health, Surbiton, Surrey KT6 4PH.*

## ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

**Anadin:** All except U, E

**Aviance:** All except WW, A, U, We, E, CI

**Crest:** B

**Polaroid sunglasses and camera model 1000:** All areas

**Reactolite Rapide lenses:** Ln, So, We, CI

**Seven Seas cherry:** Y, NE

**Signal:** All areas





## Just because we're a computer company, doesn't mean we've forgotten cash registers.

As a company, NCR have grown to become one of the largest computer companies in the world. But, as you'll see from our new 2115, we certainly haven't forgotten the retailer.

We've combined our experience in data processing and our unrivalled experience in cash registers to produce in the NCR 2115 a superior and very sophisticated retail system. At a surprisingly low price.

These are just some of the features:

- \* 10 key buffered keyboard for maximum throughput
- \* Fast sales analysis over four departments
- \* Choice of positive repeat of same price articles - quantity key or recall department key
- \* Fast secure method of handling wrong registrations and customer overspends
- \* Second to none security through printed reset and no sale counters for simplified audit, department totals that accumulate to nine digits, coupled with a non-resettable group total of twelve digits. False returns brought about by departmental ring round is now a thing of the past.

So, with the 2115, you'll be able to give better and faster customer service and get improved security and management reporting into the bargain. In fact, it'll provide you with a complete system, designed to take you well into the '80's.

For more details, post the coupon.

### **NCR Computers. Designed to grow with you.**

NCR Limited, 206 Marylebone Road, London, NW1 6LY.  
Telephone: 01-723 7070.



#### **The new NCR 2115 electronic cash register**

To: Mike Croneen, NCR Limited, 206 Marylebone Road,  
London NW1 6LY. Telephone: 01-723 7070.

Please send me more information on the NCR 2115 ☐

Please arrange for a demonstration ☐

Name

Position

Company

Address

Tel:

# **NCR**



# COUNTERPOINTS

## Breakfast drink from Bisks

A breakfast replacement, Bisks Breakfast, has been launched by the Slimfoods division of Ashe Laboratories. In two flavours, orange and grapefruit, the content of a sachet of Bisks Breakfast (4 sachets, £0.60) mixed with a third of a pint of water contains soya protein vitamins and minerals.

Each sachet provides 100 calories and is intended only as a breakfast replacement. It is recommended that a doctor's advice is sought if two meals are replaced with Bisks Breakfast. An advertising campaign based on the "three bears" theme begins in May in women's magazines and specialist slimming magazines. *Ashe Laboratories Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey.*

## National radio campaign for Ayds

Continuing their advertising programme, Cuticura Laboratories Ltd, are further supporting Ayds this month. A two week national radio campaign will break on all stations on April 24. The radio campaign will feature five real life Ayds users relating their individual weight problems. *Cuticura Laboratories Ltd, Clivemont Road, Cordwallis Trading Estate, Maidenhead, Berks.*

## Lucozade deposit

Beecham Foods have increased the bottle deposit on Lucozade 6oz from 3p per bottle (£0.72 per case) to 4p per bottle (£0.96 a case). This does not apply to outlets in Northern Ireland where the deposit remains at 3p a bottle. There is to be no change in the price structure. *Beecham Foods, Beecham House, Brentford, Middlesex TW8 8BD.*

## Henna on radio

Henna (Hair Health) Ltd are running a three week advertising campaign on Capital Radio from May 22. The advertising features a "henna lady" song and will promote the concept of henna and its "naturalness". *Henna (Hair Health) Ltd, Classic House, 174 Old Street, London EC1V 9BP.*

## Global blades

Global Pharmaceuticals are distributing a new multi-purpose single edged blade (£0.08). They are packaged in boxes of 100 at £4.17 plus VAT. *Global Pharmaceuticals Ltd, 62 Kenilworth Road, Edgware, Middlesex, HA8 8XD.*

## PHOTONOTES

### Sakuracolor in UK

Following intensive test marketing, full scale distribution of Sakuracolor film in the UK was launched last week. Colourful promotional material inviting customers to "fill up here with Sakuracolor" is to be available to chemists and photo dealers throughout the spring and summer. A "how to do it" book on taking family pictures, with an introduction and front cover photograph of the Royal Family by top photographer Patrick Lichfield, will be available for 99p and two Sakuracolor film cartons.

Sakuracolor films are made by Konishiroku, the oldest and second largest photographic company in Japan. The most recent addition to the range is Sakuracolor 400, which combines high speed with fine grain properties. Two sizes are available at present: 135-24 (suggested price £1.34), 135-36 (£1.59). Three further sizes are to be brought on to the market in May: 110-112 (£1.07), 110-20 (£1.35), 120 (£1.32). *Jonathan Fallowfield Ltd, Strathcona Road, North Wembley, Middlesex.*

### Kodak launches and promotions

A new two-stage processing kit in a convenient one-litre pack for home processing of Ektacolor 74RC colour paper, has been launched by Kodak Ltd. The Ektaprint 2 kit (£8.91) eliminates the need for a stabiliser bath and therefore makes processing Kodak colour paper one step easier for the home enthusiast. It replaces the existing Ektaprint 3 chemicals which are now sold out and discontinued.

This summer, Kodak "cooler bags" will be available for sale by photographic

dealers, at a suggested special offer price of £2.99 each, to every purchaser of two or more rolls of Kodak colour film. The bag is a soft, plastic, insulated, rectangular carrying bag which resembles a giant Kodak film carton. It may be used for picnics or sports or as a camera bag.

Dealers may buy the bags as a normal stock line, with a minimum order for ten bags. Deliveries will begin on May 15 and each order will be despatched with a pack of display material a "deluxe" stand and a free bag will be given with pre-launch orders for 20 or more.

Kodak have also discontinued two cine services operated at Hemel Hempstead—colour duplicates and film joining—due to declining demand. However, 8mm duplicates will continue to be available, via Kodak Ltd, from Eastman Kodak USA. Service time will be about four weeks and basic trade price for 50ft, £6.17 (SRP including VAT £10.00).

Dealers should by now have received details of a trade competition involving questions on the new Ektra camera range and Kodalux flash model 3. Prizes run from a Ford Fiesta to 1,000 Sheaffer pens. Closing date is April 29. *Kodak Ltd, PO Box 66, Hemel Hempstead, Herts HP1 1JU.*

### Agfa valupaks

Agfachrome Super 8 cine film will be offered this year in four-film Valupaks again. Consumer buyers can also get four selected Super 8 full colour home movies for £8 instead of £13.20. The titles are: FA Cup Final 1978; Trooping the Colour; "Roadrunner" cartoon. "wild about Harry"; "Bubble and Squeak" cartoon, "Big City." *Agfa-Gevaert Ltd, Great West Road, Brentford, Middlesex.*

The ITT photo bar is offered free on loan to display products with reasonable security against pilferage without reducing sales impact. The unit is see-through and lockable for cameras and can display flash products. The header board is removable.





# Interphex 78 is 'best and biggest ever'

The latest production techniques from 13 countries are to be shown at Interphex 78, the sixth in this series of international exhibitions for the pharmaceutical, cosmetic and allied industries. It takes place at the Metropole Exhibition Centre, Brighton from April 18-21 (10 am to 6 pm).

With 250 leading manufacturers taking part, Interphex is described by the organisers as "the best and biggest ever" in this biennial series. It features more than 1,500 tons of machinery and equipment—enough to equip fully 40 large factories.

Many of the products will be on public display for the first time. These include a new unit dose medication system and an automatic plant to strip pack 2,000 tablets a minute then carton at 60 cartons a minute. All are designed for more efficient plant efficiency, with significant cost and labour savings.

As in previous years, the exhibition is being organised concurrently with the Interphex conference. This four-day event focuses on important technical and legislative developments at national level and international levels and includes papers by leading authorities from industry, government and research.

An outline of some of the products on display at the exhibition by various manufacturers is given below.

**Beatson, Clark & Co Ltd, 23 Moorgate Road, Rotherham, South Yorkshire**, will exhibit a comprehensive selection of amber and white flint glass containers. These will include specimens from their standard ranges for the pharmaceutical, chemical and toiletry industries and filled samples of standard and speciality lines which will exhibit the effectiveness of glass as a packaging material for these industries. The packing of amber bottles in shrink wrap packs will also be featured as an important development in the pharmaceutical field. In addition there will be on display a range of standard closures that are supplied to the various industries represented.

**Robert Bosch Packaging Machinery (UK) Ltd, 163 Dukes Road, Acton, London W3**, will show a liquid filling machine and a screw capping machine as a combination line incorporating a belt washing station. These machines are designed for pharmaceutical bottling and are constructed almost entirely of stainless steel. The machines have been designed to operate under laminar flow conditions with minimum disturbance of air flow.

Also on show are high speed hard gelatine capsule fillers—examples of the latest designs from **Hofliger + Karg** which have overcome many of the problems normally associated with powder encapsulation.

The powder dosing station can be best described as a plug with dosing plate. The powder is fed from a hopper and from there is fed via the dosing plate to the dosing area by means of a vertically mounted auger. A control unit stops the machine as soon as the powder supply above the dosing plate is insufficient.

Five groups of tamping plungers progressively compress the powder into the holes of the dosing plate, the plungers being centrally adjustable. If a capsule body is missing at the transfer station, the powder slug is ejected into a collection tray which is easily cleaned. This dosing system is virtually unaffected by varying flow characteristics and the granulation of the powder.

**William Boulton Ltd, Burslem, Stoke-on-Trent**, will be exhibiting a Calmic Mark II fluid bed dryer recently introduced for the batch drying of granular, crystalline and powder materials. This unit, developed to comply with the Medicines and Health and Safety at Work Acts, incorporates new features including pneumatic shaking device. Also three filters, a Vibro-energy mixer, a mill and a separator will be on show.

**Cope Allman Plastics Ltd, Fitzherbert Road, Farlington, Portsmouth, Hants**, are exhibiting their standard range of Copac dispensing vials, and Coplastic polystyrene tablet bottles, available with push-on and screw closures respectively, and both vials and tablet bottles have been duplicated to offer ranges with Snap-safe child-resistant closures. Also exhibited is a range of polystyrene jars from 30cc to 250cc capacities, suitable for most powders and creams, and com-

plete with printing services and closures.

They are also showing a completely new range of injection-blow moulded containers called Copharm, in sizes 15, 30, 60, 90 and 120cc. This range embraces special features including child-resistant, screw and tamper-evident closures on the same containers. Also suitable for liquid and powder preparations as the patented thread form offers exceptional sealing properties. This range can be labelled and/or printed to customers' requirements.

**Dent & Hellyer Ltd, Walworth Road, Andover, Hants**, manufacturers of sterile control equipment, will be exhibiting their Slidelock Mk IV media glassware steriliser and horizontal laboratory autoclave. The steriliser is fitted with adjustable pressure, temperature and time controls to facilitate the effective sterilisation of glassware, media or fluids. The Slidelock automatic sliding door with insulated stainless steel cover ensures that, unlike hinged doors, there is no chance of hinderance or injury to operating personnel. The patented inflatable door seal has been designed with the minimal number of moving parts and door sealing is effected without the aid of complicated mechanical hooks, gears or shackles.

**Dolphin Labels, New England House, New England Street, Brighton, Sussex**, will be holding "open house" throughout the four days of the exhibition, and operating a courtesy car service to take visitors on the five-minute run from the Metropole Hotel to their premises, and to return them to the show. Those attending the "open house" will see regular label printing work in progress and will also be able to inspect the multi-stage quality control operation established particularly to meet the stringent requirements of pharmaceutical label production. Invitations to "open day's" are available from Clive Sibley at Dolphin Labels at the above address.

*Continued on p584*



Quartic plastics from Metal Box



# BURGESS' LION OINTMENT



**HAS BEEN A HOUSEHOLD STANDBY FOR 130 YEARS  
FOR CUTS AND GRAZES, PILES AND BOILS.**

**Can you still get it? YES!**

**The majority of our sales come from the North-  
West and London, so maybe if you're outside  
these areas you are missing out.**

We've completely reorganised and have three new products, two Drug Tariff dressings, PARATULLE and LIONET and NATUDERM, a high margin (when OTC) skin film replacement cream for dry skin.

Order from your wholesaler today.

<b>BURGESS LION OINTMENT*</b> for piles, cuts, grazes & boils		Trade	VAT on	Retail
		Ex VAT	Trade	Inc. VAT
	40gm	£3.75 doz.	£0.30	£0.45 each
	90gm	£5.55 doz.	£0.44	£0.66 each
<b>NATUDERM*</b> Skin film analogue cream	40gm	£0.71	£0.06	£1.15
	450gm	£3.78	£0.30	£6.12
† <b>PARATULLE*</b> Individually wrapped, sterile paraffin gauze BPC.	10: 10cm x 10cm	£0.60	£0.05	£0.97
	10: 10cm x 40cm	£1.47	£0.12	£2.38
† <b>LIONET*</b> Elastic net surgical tubular stockinette	10: C	£2.70	£0.22	£0.44 each
	10: E	£4.80	£0.38	£0.78 each
	10: F	£7.00	£0.56	£1.13 each
	10: G	£9.40	£0.75	£1.52 each

†Drug Tariff

For further information please contact



**Edwin Burgess Limited**

27 Uxbridge Road, Hayes, Middx. Tel. 01-848 8521. \* Trademark



## Interphex 78

Continued from p582

**Glenhove Ltd, PO Box 3, Linkfield Corner, Redhill,** will be featuring a range of Koruma equipment, for which they are sole UK agents. On show for the first time will be the Koruma DISHO 160 homogenising, dispersing and mixing assembly, which operates under vacuum to produce entirely air-free creams, emulsions and pastes, and discharges them automatically.

**C. E. King Ltd, Chertsey, Surrey,** will present the latest versions of a wide range of pharmaceutical packaging equipment. The increasing use of stainless steel as a superior alternative to paint finishes, is even more evident this year, together with cabinet designs that not only provide effective clearance for ease of cleaning but also ensure compatibility with auxiliary environmental control equipment.

Apart from the established range of electronic and mechanical tablet counting machines, a pressure sensitive labeller, which allows consistent and accurate labelling to be undertaken irrespective of the shape of the container, will be on display, also a rotary container cleaning machine and a screw capping machine.

There will also be examples from their recently introduced range of protection cabinets designed to afford the maximum protection to operators when using any of their different models of electronic tablet counting machines in a semi-automatic manner and in line with the requirements laid down by the recent Health and Safety at Work Act. The units have incorporated into them a total filtration extraction system, that avoids the need for any connection to an auxiliary extraction source. The normal efficiency of operation of the counter is not impaired in any way and the whole enclosure can be speedily dismantled for simple day to day cleaning.

**Metal Box Ltd, Queens House, Forbury Road, Reading RG1 3JH,** will be featuring their Poppex closures which are designed for one-handed opening. Poppex is a derivative of Poplok, Metal Box's child-resistant closure, and it is unlikely to be opened by very young children. Also shown will be the range of "rounded square" Quartic plastics bottles. The bottles, in four sizes, are available in natural, white or pigmented high density polyethylene, with a see-through strip if required; also in clear or coloured PVC. The company says the shape of the bottle saves carton and shelf space and makes banding together for promotional multipacks easier.

**Newman Labelling Machines Ltd, Queens Road, Barnet, Herts,** will show a specially-developed version of their Facilette automatic self-adhesive labeller, designed for use with ampoules. Developed to apply pressure-sensitive labels at speeds between 10 and 240 per minute, the Facilette ampoule labeller accepts the containers from trays. The

machine keeps firm control of the ampoules, however unstable, and after the labels have been applied, they are transferred to a discharge conveyor which feeds them back onto the trays.

The company will also demonstrate its AC automatic capping machine. This continuous motion, straight-through machine is designed to be placed in-line over an existing conveyor and is suitable for closing cylindrical or rectangular containers made from glass, metal or plastics.

**Russell Finex Ltd, 9 Orange Street, London WC2,** will be displaying details of their range of sieving and materials handling equipment. There will be working displays of the vacu-finex super sieve, demonstrating the application of the latest separation technology to the sieving of difficult pharmaceutical powders such as oxides and stearates. Also granulation in the form of small spheres will be seen forming on the Marumerizer Q-400 and container lifting and tipping machines.

**William Sessions Ltd, The Ebor Press, York,** will be showing a full range of self-adhesive labels in roll form, produced by many processes, all of which have particular applications in the pharmaceutical and cosmetic industries. Duropaque silk screen printed labels in the reel are renowned for the lustrous ink coverage obtainable only by this particular process.

Super clear self-adhesive labels are produced on transparent material with a specially developed adhesive. When applied to a product, only the Duropaque printing is seen, the label material and the adhesive are completely transparent.

On show for the first time will be the latest version of the Etika overprinting machine with an interesting new use recently developed for Max Factor. The Etika is used to blind emboss foil labels for cosmetic packs with a code to conform to the latest EEC regulations. The code is cut into the foil surface, avoiding the possibility of erasure and defacing of the label graphics.

A new development in bottle labelling is the Sessions 3-panel labeller which holds the bottle firmly in position, applies the self-adhesive label to the product and wraps the two wings along the sides of a standard tablet bottle. Speeds of up to 50 per minute can be obtained on the fully automatic machine. This unit gives far greater control of position and register of the label, rather than the normal method of tagging and rotating used in the past on self-adhesive labellers for this operation.

**Shorebreeze Ltd, 18 Barton Road, Water Eaton Industrial Estate, Milton Keynes,** will be displaying their complete range of plastic dispensing containers. Standard colours are light resistant amber and "glass clear". Other colours can be produced to specification. For the first time at Interphex, the company will be exhibiting their new child-resistant closure.

## PRESCRIPTION SPECIALITIES

### New cephalosporin from Glaxo

A new cephalosporin antibiotic, cefuroxime sodium, said to be resistant to degradation by beta-lactamases, has been introduced to this country by Glaxo Laboratories Ltd. With its broad spectrum of activity, cefuroxime sodium is stated to be effective against many organisms (eg *Haemophilus influenzae*, *Neisseria gonorrhoeae* and *Klebsiella* species) resistant to penicillins and existing cephalosporins—reducing the need for combination therapy with its potential toxicity. Cefuroxime sodium (Zinacef) is available only to hospitals.

#### Zinacef injection

**Manufacturer** Glaxo Laboratories Ltd, Greenford, Middlesex

**Description** Vials containing 250mg, 750mg or 1.5g cefuroxime as cefuroxime sodium powder for preparation of suspension for intramuscular use or solution for intravenous administration.

**Indications** Infections due to Gram positive and Gram negative organisms including infections of respiratory tract, ear, nose and throat, urinary tract, soft tissue, bone and joint. Also septicaemia and meningitis. See literature

**Contraindications** Hypersensitivity to cephalosporin antibiotics

**Dosage** General, *adults*—750mg im to 1.5g iv three times a day. Total dose 6g daily; *children*—30 to 100mg per kg daily in 3 or 4 divided doses; *neonates*—30 to 100mg per kg daily in 2 or 3 divided doses.

**Precautions** To be given with caution to patients receiving treatment with diuretics such as frusemide; with caution during early pregnancy. See literature

**Side effects** Rashes, gastro-intestinal disturbances and candida intertrigo. Also in some patients a decreased haemoglobin concentration and eosinophilia.

**Storage** Dry powder to be stored below 25°, protected from light. Suspensions and aqueous solutions retain potency for at least 5 hours if kept below 25° and 48 hours if refrigerated. See literature for compatibilities with infusion fluids

**Packs** 5 × 250mg vials (£3.50 trade); 5 × 750mg (£10.50); 1.5g iv vial (£4.20); 1.5g infusion vial (£4.20)

**Supply restrictions** Prescription only. Hospitals only

Issued April 17, 1978.

### Cordilox 80mg tablet

Abbott Laboratories have introduced Cordilox tablets 80mg (100, £8.60 trade) in addition to the 40mg tablet. Cordilox tablets are Prescription Only. *Abbott Laboratories Ltd, Queenborough, Kent ME11 5EL.*



She needs something for period pains...  
don't give her a headache tablet.



Give her Feminax.  
A tablet specially  
formulated for relieving  
period pains. Feminax is  
effective for her – and  
profitable for you.

**Nicholas**

Feminax is a  
registered trade mark.

Consumers have purchased  
30% more Feminax tablets in  
the last year. So make sure  
you have plenty in stock.

And when your customers  
want something for  
period pains – give them  
Feminax.

**feminax**  
Specially formulated for period pains.





# We've got the bottom end of the

Because UniChem are about to enter the Baby market in a big way.

We are re-launching our range of products in attractive new packs. They include Nappy Liners, Disposable Nappies, Baby Pants, Cleansing Roll and Pleated Wool.

Advertising will reach approximately 80% of all new mothers with a continuous full colour double page spread in the Bounty Baby Book

starting this May, and the Baby Bounty Bag will feature a '20p off' voucher—to be redeemable against UniChem Nappy Liners.

So new mothers—your customers—cannot miss it. And who can resist a baby's bottom! That's what will be prominently featured in our advertising.

To help you, UniChem have designed eye-catching display material and merchandising units under the banner of the UniChem Baby Bar.





# Market all wrapped up

And remember, these products are only available through Independent Retail Pharmacies.

Your own range from your own organisation—  
One more reason for dealing with UniChem.

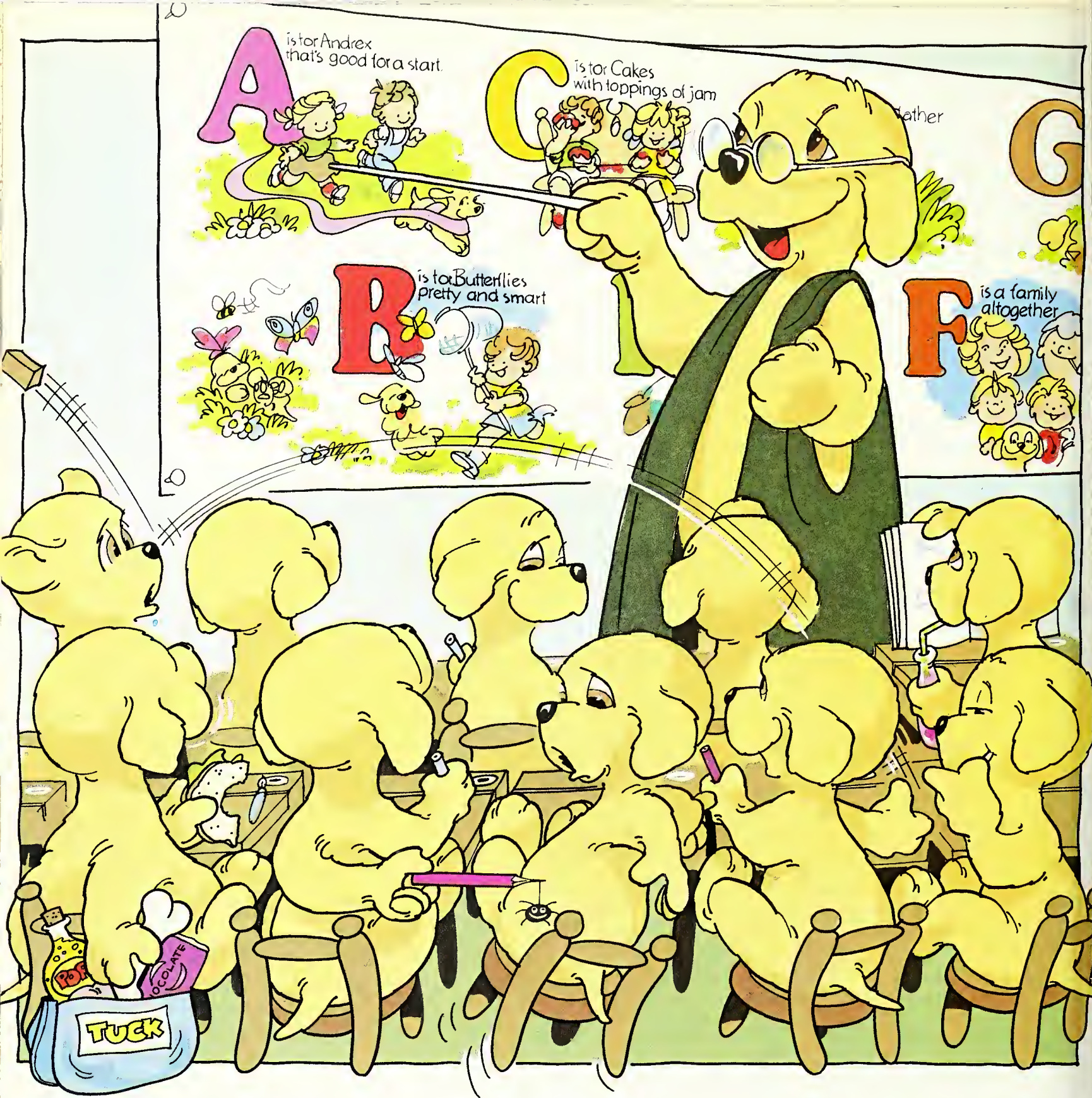
For further details ring  
John Speller at  
UniChem on  
01 542 8522

**UniChem** 

UniChem Limited, Crown House, Morden, Surrey. SM4 5EF







# The A-Z of attracting new customers.

Backed with colourful advertising in women's magazines, Andrex has introduced this colourful Alphabet Chart as its current promotion.

The Alphabet Chart follows the great success of the Andrex Height Chart.

Promotions like these help Andrex continue to outsell its nearest competitor by three to one, and make Andrex business good business.

The best way to a customer's heart, is to get them while they're young.

It's as easy as A.B.C.

**Soft, strong and very long.**

Andrex is a Bowater ♦ Scott quality product.

**Andrex**



# Pharmacists urged to enter health centres

Once health centres are firmly established only about 16 per cent of prescriptions issued will be left for private general practice pharmacists to dispense, Mr Gordon Hill, a proprietor pharmacist from Swindon, told the Institute of Pharmacy Management International conference last week.

"It is of little use putting our heads in the sand . . . what we have to do is to see how we can turn the situation to the best advantage for us all," he said. As company secretary of a health centre formed three years ago, Mr Hill based his conclusions on research carried out in Swindon, Weston-super-Mare, Gloucester, Bath, Taunton and other towns.

Mr Hill thought independent pharmacies would disappear altogether from towns for several reasons—rents would rise too steeply; "ethical" stock and capital involved would increase; many prescriptions now had to be refused because their dispensing relied more on the pharmacist's financial ability to carry sufficient stock to meet all demands rather than on professional skills, leading to dependence on the wholesaler who gave the best credit and reducing the viability of remaining wholesalers; Government-owned health centres would have no such capital problems and would be able to give a more comprehensive service; a health centre consortium would serve its own resident doctors so the pharmacists, knowing their prescribing habits, would not need to carry such large stocks.

"If you don't go into health centres you will be faced with leapfroppers," he warned. "This will result in one rich pharmacist and six poor ones and your pharmacy will inevitably resort to the drug store type."

## Loss of business

Because of his training, a pharmacist was a professional not a business man. Mr Hill felt that retail pharmacists would ultimately lose photographic business to photographic specialists, and drug stores would leave only slow selling lines and poisons to retail pharmacists. Cosmetics would go mainly to department stores, baby trade to grocers and supermarkets, veterinary trade to pet shops and touring suppliers, and gardening requisites to garden centres and other outlets. Supermarkets might well have dispensing departments in the future and doctors could provide a dispensing service in centres if pharmacists did not.

The main reason for entering a consortium was to maintain one's present pharmacy—a lower income was better than complete unviability. Mr Hill believed that five or six members was the ideal size for a consortium, on a "one

man, one share" basis. One of the greatest dangers was allocation of shares according to the previous number of prescriptions each individual dispensed.

Mr Hill's latest research is finding that many people prefer health centres to pharmacies because they look more professional, clean and tidy, the assistants are more knowledgeable and appear cleaner, and the pharmacist seems more accessible. Besides the "on the spot" convenience the health centre seems to specialise in health whereas the pharmacy appears to dabble in many other things. Patients prefer the shop for free advice but the pharmacist is often too busy dispensing to spare the time.

Earlier, Mr S. I. Benrimoj, pharmacy practice research unit, Bradford University, said that an average of 80 health centres were likely to open every year over the next three to five years. The Department of Health exerted pressure on the regions by including a specific sum on regional allocation budgets as the minimum expenditure on health centre projects.

Work he has carried out at the unit with Drs T. G. Booth and I. F. Jones has shown that the average number of doctors per health centre is decreasing, perhaps indicating a trend to smaller centres, but the overall trend to practise in larger groups continues. The number of doctors practising in groups of four or more has risen from 16.7 per cent in 1961 to 38.4 per cent in 1976. Single-handed practitioners fell from 28 per cent to 17 per cent of the total unrestricted principals in England.

About 17 per cent (3,600) of GPs were practising from health centres in December 1976. Mr Benrimoj estimated that in five years' time this figure would have risen to 23 per cent, and if the trend to larger groups continues 49 per cent of doctors would practise in groups of four or more. He felt that research was urgently needed into the effect of

these trends on the pharmaceutical service as a whole. Pharmaceutical Society figures for 1976 showed that only about 2 per cent of closures were due to the opening of health centres, but Mr Benrimoj wondered whether the figures were a true reflection. "How many pharmacies exist that are not saleable and therefore at risk of closure due to the movement of GPs into health centres?" he asked. "It could be further argued that the health centre programme has not yet fully developed and that its effects will be cumulative."

The effects on retail pharmacy and on the public's access to NHS dispensing and OTC medicines must be forecast not on "crystal ball" terms but on factual data, he concluded.

## Use of titles in advertising

Speakers at the first session debated whether or not there should be a relaxation of the Society's code on advertising (last week, p523). Mr R. Blyth, editor, *Pharmaceutical Journal*, felt that the use of a restricted title in association with non-pharmaceutical advertising amounted to advertising of professional services. Use of such titles in this way would lower the importance of the pharmacist's qualification in the eyes of the public. "The reason why certain titles are restricted to pharmacists is in order that the public may identify the source of qualified service," he said.

If the public became confused by careless use of restricted titles in a non-professional context then their value would be undermined. The public would either come to think that qualified service was available anywhere toiletries were sold or that the word "chemist" did not mean qualified service.

Independents had more to lose today from the advertising of professional services than in pre-NHS days and he hoped the profession would fight to retain the ban on such advertising. Firstly it would be a waste of money as the public was already well aware of local pharmaceutical services. Secondly, the smaller pharmacies would be the losers in any advertising battle between pharmacists, leading to further closures.

*Continued on p590*



Conference delegates relaxing between sessions



# Moves towards original pack dispensing

Original pack dispensing and patient-oriented information will gradually be introduced into the UK by legislation stemming from Brussels, predicted Mr J. D. Spink, regulatory controller, Wellcome Foundation Ltd.

Brussels was not only the administrative centre of the EEC but was in the continent where OP dispensing really started and where the demand for more patient-oriented information was the most clamorous. Mr Spink said the UK industry believed that whilst explicit directions for use should be conveyed routinely to the patient, anything further should be given solely at the discretion of the doctor, or the pharmacist when he knew the patient well enough to assess the reaction to the advice given. Product identity and dosage would usually be enough but sometimes special instructions such as "to be taken with food" or warnings to avoid certain foods would be necessary. Only a few drugs, such as antihypertensives, would need extensive instructions in the form of an accompanying leaflet.

The industry believed that the best vehicle for this information was the manufacturer's pack. Most information could be written on the label and carton with a patient leaflet added if more extensive advice was needed; alternatively these leaflets could be in pad form and handed out by the doctor or pharmacist.

The advantages would be that the advice given would be the same throughout the country, it would be decided after careful deliberation by the experts who had seen the drug through all its R&D stages, and the advice would be written by copywriters skilled in getting messages across. It would always be given and the patient would be reminded every time the medicine was taken.

Any system of presenting information by means of the manufacturer's pack must be associated with original pack

dispensing, Mr Spink continued. The industry also favours OP dispensing because there was no handling of product between manufacturer and patient, tying in with the trend of official demand for bacteriologically purer products. The product reached the patient in the container selected by the manufacturer as the most suitable to keep it in good condition, based on controlled tests. Strip packaging of tablets protected each dose and facilitated recalls as the batch number went all the way to the patient. It was probably the best form of child-resistant container and speeded dispensing.

Mr Spink felt that possible cost increases were much exaggerated and that the problem of more pack sizes would be overcome with co-operation of doctors in selecting quantities to be prescribed. Developments in strip packaging could alleviate problems of the larger amount of pharmacy space occupied by stock. As for the suggestion that OP dispensing took away some of the pharmacist's professional function, Mr Spink questioned whether it was professionally rewarding to count 50 tablets into a bottle.

Turning to the Pearson Commission's report on civil liability (*C&D*, March 25), Mr Spink said that responsibility for the "occasional mischief caused by drugs should be shouldered by the State when the manufacturer was not at fault. The Government was already prepared to carry the burden for the vaccines it recommended and, in nationalised medical care, administration of medicines was undertaken by the Government for the country's benefit. There was a risk that if manufacturers and regulatory authorities tightened standards of drug safety evaluation further to protect themselves from the effects of strict liability, the rate of innovation would be slowed so much that medical progress would suffer in the long term.

director, N. Quenby Ltd, advocated a more flexible approach to advertising. Pharmacists needed to advertise to compete with non-pharmaceutical outlets and to maintain an identity in the eyes of the public. Descriptions should be used in advertising that the public readily understood—that is, restricted titles.

While not advocating the advertising of dispensing, Mr James felt that some pharmacists offered services that the public ought to know about, such as truss fitting and oxygen supply. He saw nothing wrong in circulating to doctors lists of those pharmacists prepared to carry out these extra functions. Why should an old lady have to traipse round looking for a supplier of oxygen

cylinders for her sick husband? he asked. Similarly he would rather see pharmacies advertising pregnancy testing than a "pregnancy advice centre" (so often a euphemism for an abortion clinic) doing so.

During the discussion Mr James said the Society should devise a new advertising code in conjunction with the National Pharmaceutical Association and Company Chemists Association. Rather than banning use of the word "chemist", it would be better to ensure that advertisements were of a high standard and all claims were accurate. He felt it was unfair for the Society to bring pharmacists before the Statutory Committee for appearing in newspaper features while turning a blind eye to those pharmacists who tried to dispense 7-8,000 prescriptions a month alone.

Mr David Barker, creative director, Chetwynds Advertising Agents, explained how his agency had planned campaigns for jewellers and for solicitors. For any advertising campaign to succeed there had to be clear objectives and whole-hearted support.

During the discussion Mr S. Davison, Mansfield, believed the independents would not necessarily be outdone by the multiples if advertising of professional services was allowed, particularly at local level. "If the independents are so helpless and hopeless that they can't compete they ought not to be in the market place at all," he said.

Dr D. H. Maddock, superintendent pharmacist, R. Gordon Drummond Ltd, said he did not want to use advertising to take extra business from other pharmacies but to regain business from non-pharmacy outlets to which Mr Blyth replied this aim would be an "uphill struggle" as people were now in the habit of shopping at supermarkets. Mr Blyth added that it was the use of restricted titles and not advertising itself that was in dispute. He felt the public knew its retail outlets well and that use of titles was not as essential as many pharmacists thought as a means of identification.

Mr Aiden O'Shea, Cork, thought it was better to advertise the profession as a whole rather than concentrate on individuals. The Irish Pharmaceutical Union had carried out a Press and radio campaign telling the public how much safer it was to buy medicines from pharmacies than from any other outlets. It had been so successful that some small supermarket chains had stopped selling medicines. He felt it would be more sensible to promote this "superior degree of advice" rather than "waste time fighting for our share of the toilet rolls."

## Amateurs at marketing

Despite their long academic training, pharmacists are still amateurs in a very professional world—the world of marketing—said Mr H. Chambers, director of retailer services, A. C. Nielsen & Co Ltd.

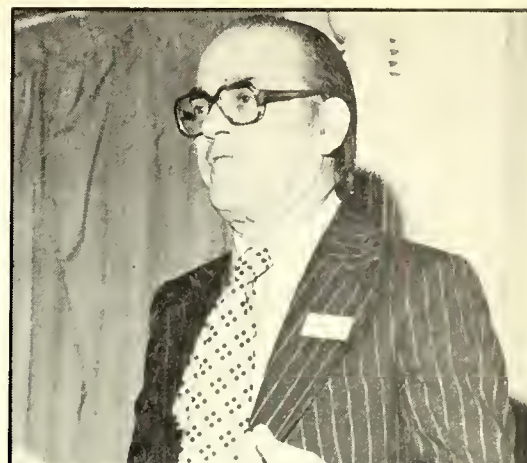
## Titles in advertising

*Continued from p589*

Much of the trouble over restricted titles and advertising arose from the efforts of some wholesalers to improve the effectiveness of the smaller pharmacy—"and the fortunes of the wholesaler as well," Mr Blyth added. It seemed to him ironic that if, as a result of wholesaler pressure, the advertising of professional services were to be allowed—"any use of restricted titles is the thin end of a very large wedge"—the viability of many independents was threatened.

Mr Miall James, MPS, managing





Speakers emphasise their views on marketing. Left to right: Mr P. Averill, Mr N. Thomason, Mr H. Chambers

Boots were so successful in the health and beauty market because they used the expertise of professional marketing personnel to give customers the kind of service they wanted. "While the only people who can give a professional pharmaceutical service are pharmacists, the only people who can carry out good marketing plans are trained marketing people," he said.

Independents could compete by seeking the same professional advice but, because it was so expensive, they could only afford to do so by corporate activity. When asked how the pharmacist could distinguish the marketing expert from the "cowboy" or "trumped-up salesman," Mr Chambers said the only way was by trial and error, but because error was costly, organisations such as the National Pharmaceutical Association should act on behalf of individuals.

Boots did not rely solely on price cutting—in fact, no retail organisation could keep lowering prices and survive unless it was extremely large, Mr Chambers continued. Although prices had to be seen to be fair, good marketing meant satisfying customer needs rather than just expecting customers to buy what the retailer had to offer.

### Attracting customers

Mr Chambers felt many traditional chemist lines were better sold by self selection rather than on an assistant's advice. Customers needed to see a whole range of babyfoods or hair colourants, for example, before choosing.

At present the main reason customers went into a pharmacy was to buy medicines or have prescriptions dispensed. Good marketing involved ensuring that these customers were sufficiently attracted by the range and display of goods offered that they returned regularly to buy non-medical items at other times.

Nielsen statistics showed that chemist's total turnover (excluding Boots) had risen from £418m in 1971 to £955m in 1977, the total turnover index had increased to 228, NHS turnover index to 301 and counter turnover index to 171 (1971=100). If Boots were excluded, turnover gains for multiples and independents were almost equal last year. Total turnover of multiples had risen 14.4 per cent in 1977 compared with 1976, NHS turnover was up 23.1 per cent and counter turnover 7.4 per cent.

Total turnover of independents increased 15.3 per cent over the previous year, NHS turnover was up 21.8 per cent and counter turnover 6.8 per cent.

Mr N. Thomason, pharmaceutical marketing director, Reckitt & Colman Ltd, gave his own personal view of "marketing pharmacy." He felt that many chemists had put too great a reliance on their NHS dispensing, hiding away in their dispensaries, being seen less and less by their customers—all tending to blur their public image.

Fighting over the restricted title "chemist" might not be the answer in the long term, he believed. "Boots the chemist" was now generic with "chemist" and the company could benefit even more from further advertising in that

area. The independents had an identity problem for which a new image was needed. The answer might be to move in on the current "health kick", Mr Thomason suggested, making the most of the trend towards health foods and general fitness with pharmacy as the "health care centre" in the public's opinion.

Mr T. Saul, marketing director, Vestric Ltd, tried to convey a "message of hope" by saying that wholesalers were aiming to work closely with general practice pharmacies to keep them viable. Computer facilities offered by wholesalers helped pharmacists be more efficient with stock control and VTOs were contributing enormously towards more effective marketing.

## A guide to good merchandising

Mr P. Averill, sales manager, Reckitt & Colman Ltd, gave the following outline of a presentation the company offers chemists to help them regain their share of traditional markets:

The basic principles of selling are AIDA—gain Attention, create Interest, build Desire to buy, take Action by wrapping the goods and putting the money into the till. Merchandising firstly means having attractive, clean, uncluttered displays. If using a window, have a theme eg winter for cold relief, hot water bottles, hand creams etc; summer for holiday requisites, suntan, photographic. Follow the window theme through into the shop with display so that the goods are readily available for purchase. If on shelves, counter or gondola, display allied products adjacent so the consumer is encouraged to buy more than one product.

The right products must be selected, that is, brand leader, nationally advertised products, those in everyday use with a mass appeal and fast turnover, 80 per cent of all sales in chemists are from 20 per cent of products stocked.

The display should concentrate on the major products as centrepiece, with allied products around it. The products should be given the display/facings their market shares demand. Vertical displays have greater effect as the natural movement of the eye is horizontal; when products are displayed vertically two or

more are seen. Shelf filling should be continuous, empty spaces mean rent on that space is lost.

Don't keep goods in drawers. It's easy to say a product sells without display, but try displaying it.

All offers should be clearly marked. A bargain is only a bargain when seen to be so. Prices should be on each unit.

Extra business is created by having the right products in the right quantity at the right place at the right time. Double or treble the quantities if there is a price promotion as "out of stock" may mean a customer lost forever. Before a promotion starts all staff should be made aware of plans and objectives. The chemist should communicate his enthusiasm to the staff. The offer should be moved around the shop to determine if it is in the right place. Staff should be asked for thoughts and advice. A check should be made on the traffic flow. Mass appeal, everyday purchases should be promoted all year around.

One area needing continuous appraisal is the turnover per sq ft. Supermarkets carry out regular appraisals and if a product does not reach the required turnover it is removed. Rationalise on the number of products stocked.

There is a great need to create an image of quality and value for money—that the chemist is not a top price shop—by using special offer cards, by displaying and by merchandising.



## Pharmaceutical Society of Great Britain

An interim measure only—that was how the Pharmaceutical Society's Council regarded the implementation of the Clothier Committee recommendations. The decision was reached after comments from the Society's branches and regions, the Scottish Department executive, Welsh executive and other interested bodies.

Council passed the following resolution by 11 votes to three: "That the Council's support of the principle that all dispensing should be carried out by pharmacists or persons directly supervised by pharmacists be reaffirmed unequivocally, and that, as an interim measure only, the implementation of the recommendations in the report of the Clothier Committee be approved". Discussions are to be held with the Pharmaceutical Services Negotiating Committee, the British Medical Association and the Department of Health in order to implement the recommendations as soon as possible.

The application for a Department of Health grant for the establishment of a Pharmaceutical Society postgraduate edu-

cation research unit was agreed by Council after recommendation by the Education Committee. The research would aim to determine the time after registration that pharmacists would take to achieve a normal level of competence, after which a selected number of pharmacists in various fields who had been on the register for that length of time could be used to determine levels of competence.

After finding the levels of competence expected in the future, and the deficiencies, if any, in current education and training the research should suggest improvements to achieve and maintain the levels. It was agreed to approach the pharmaceutical division of the Department of Health for sponsorship.

The Education Committee considered documents on a structured programme for postgraduate education and its relevance to a possible college of pharmacy practice. The documents outlined "areas of study" for a "common core" of

knowledge, together with specialised programmes. It had been suggested that a two-phase programme might lead to membership or fellowship of the college. A document would be prepared outlining the proposals.

Council has accepted with reluctance the latest proposal for the constitution of the Prescription Pricing Authority whereby the proposed number of pharmacists is now four, in a total membership of 16.

A proposal by the British Medical Association that all health centres should be owned by an independent non-political body is to be discussed at the next meeting of the Society and General Medical Services Committee. Meanwhile the following joint views of the Society and the PSNC on the Department's draft health centres circular are to be sent to the Department. The Council noted that the circular did not refer to pharmacists as being part of the primary health team, and considered it an omission to be rectified from the outset. However, that should not be interpreted as meaning that, because pharmacists were members of the primary health care team, a pharmacy should necessarily be included in a health centre.

The circular stated that health authority capital resources might be used in a number of ways to develop a team approach to primary health care, and listed situations other than building a

Last year, 226 chemist outlets in the UK ceased trading because they couldn't compete on equal terms with the big multiples, or with other retailers in their area.

Official statistics indicate that this trend is increasing.

If it's a problem that bothers you, modernisation could help.

In every single chemist outlet we've modernised, their turnover has gone up by a minimum of 20% . . . 5% is enough to pay for the refit within 3 years!

Our totally professional approach.

We work out with you what you need — to achieve the minimum 20% target. We tackle your shrinkage problem. Work out how to maximise impulse purchase potential, analyse customer flow and so on.

Interested?

It'll cost you nothing to find out.

Just clip the coupon . . . and profit by our experience!



purpose built centre—for example, the conversion of existing NHS buildings such as clinics.

Various criteria listed in the circular for assessing the need for a health centre were approved by Council, particularly the statement that the proposed scheme should be in a "health deprived" locality. Council felt that to be the most important criterion, and that it did not always receive the consideration it merited.

Council welcomed the statement that the implications of health centre provision for pharmacists and pharmaceutical services should be fully explored at an early stage, before the site of the centre was decided, and emphasised that pharmacists should be consulted at the earliest stage.

On consortium pharmacies, the circular stated the FPCs would want to be satisfied that the articles of association establishing a consortium included safeguards against a long term monopoly, and that they provided for the possible retirement of consortium members or the closure of their existing pharmacies, and for the enlargement of the consortium in appropriate circumstances. The Council appreciated the Department's apprehension and pointed out that a working party representing pharmaceutical interests was producing guidance, for participation in a health centre pharmacy, on memoranda and articles of association dealing with the allocation of shares, distribution of profits and disposal of

assets. Council also suggested that the circular should state: "If additional medical practitioners move into an established health centre, the pharmacists affected by the movement should be given the opportunity of participating in an existing consortium or of reconsidering a previous decision that a pharmacy should not be included". There would then be no apparent automatic rights for any newly established pharmacy to be allowed to join a consortium because it could lead to a pharmacy being opened simply to exercise that right.

The Department of Health was to recommend to the Medicines Commission that a planning party should be set up to devise a scheme for the provision of information to patients, it was reported to the Practice Committee.

The Committee noted that the Association of the British Pharmaceutical Industry, at the meeting, had referred to original pack dispensing, which would now be considered by the planning party. The Committee recommended, that the Society defer its consideration until the planning party had reported.

**Agrochemicals supply**

The Society is seeking a meeting with Mr John Silkin (Minister of Agriculture, Fisheries and Food), to discuss the Society's views on the newly formed British Agrochemicals Supply Industry Scheme Ltd. The refusal by certain manufacturers to supply medicinal products that pharmacists were legally entitled to sell

or supply on prescription was discussed by the Agricultural and Veterinary Pharmacists Group Committee. Details of products and companies involved had been sent to the ABPI and if no satisfaction was obtained from ABPI, the Committee would discuss the subject further, with a view to pursuing the matter with individual companies.

**Students in veterinary pharmacy**

The Agricultural and Veterinary Pharmacists Group Committee was informed that a number of students at a school of pharmacy was interested in gaining preregistration experience in veterinary pharmacy. The Committee was told that if the business concerned was a general practice pharmacy that included an agricultural and veterinary department there would be no additional problems in approving the pharmacy for preregistration training, but that if it was a specialised agricultural and veterinary pharmacy without dispensing or contact with doctors and the public, the Education Committee might recognise it only for six months of the preregistration year and require the remainder of the year to be spent in hospital or general practice.

The Law Committee having studied the report of the Royal Commission on Civil Liability and Compensation for Personal Injury (C&D, March 25, p 420), noted that the Commission had recommended, "that a distributor who has sold a defective product in the course of a

*Continued on p595*

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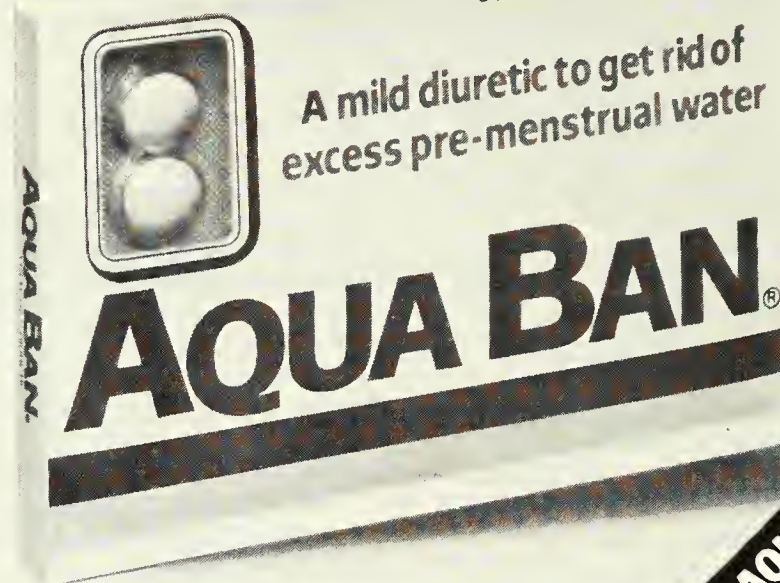
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## Liability for prescribing

*Continued from p593*

business should be under an obligation to disclose to the person injured by the product either the name of the purchaser of the goods or the name of his own supplier; and that failure to do so within a reasonable time would render the seller himself strictly liable in tort".

As far as retail pharmacists were concerned, the Commission's proposals would seem to impose strict liability upon the pharmacist for counter prescribing or for any products he made for sale in his pharmacy or had made by a manufacturer for sale under his own name. He would not be strictly liable for other proprietary products and manufactured products unless he refused or was unable to give an injured person the name of the purchaser or the name of his, the pharmacist's, supplier.

It was agreed that a "Buyers' guide" for pharmacists, listing suppliers of different types of substances, should not be produced by the Society, because of difficulties that could arise if one supplier was included and another omitted. Instead, it was suggested that group members experiencing any difficulty in obtaining supplies or wanting advice on entering the agricultural and veterinary market should be told to contact any one of the elected members of the Committee.

The Society is to make further detailed representation to Dr Gavin Strang, that dapsone, compound borogluconate injections, vitamin injections and copper injections should be removed from the Prescription Only Medicines list. It was also agreed that exemption from the POM list should also be sought for procaine hydrochloride injection 5 per cent.

### Ethics of medicine sales

The Law Committee also considered the Council's attitude towards the sale of medicines from the point of view of pharmaceutical ethics. Although the Council had indicated in the early days of the Medicines Bill that it was desirable that pharmacists should not have medicines on self-service and, as far as possible, not sell medicines when there was no pharmacist present, the Committee recommended, and Council agreed, that Council should re-examine its policy. It was not unlawful, the Committee said, for a General Sale List medicine to be sold when the pharmacist was absent.

The Law Committee agreed that no legal actions could be taken to improve the standard of prescribers' signatures. The Committee had considered a letter from the secretary of a pharmaceutical contractors committee referring to two signatures that were indecipherable. However, after consulting the legal re-

quirements for a prescription under the Medicines Act and Misuse of Drugs Regulations, which required, respectively, that the "usual signature" should be used, and that the pharmacist should be "acquainted with the signature of the person by whom it purports to be issued", the Committee agreed that, providing those requirements were met, there was no provision under the law that required a prescriber to write his signature legibly.

The Superintendent pharmacist of a pharmacy company that had been handing free copies of its 1978 diary to established regular customers and to representatives calling on the company is to be invited to discuss future editions of the diary with the Society on the recommendation of the Ethics Committee. The pharmacist had been informed that the use of restricted titles in the diary conflicted with the advice given by the

Council concerning the advertising of professional services.

A complaint is to be made to the Statutory Committee concerning the conduct of a pharmacist who had circulated to local doctors' surgeries a postcard stating the address and hours of opening of his pharmacy. Also a complaint is to be made to the Committee concerning a pharmacist who had pleaded guilty on two charges of theft of money and had been placed on probation for three years. A probation order did not rank as a conviction for purposes of the Statutory Committee, Council agreed.

Mrs Joyce Gilbert pointed out that there were two almost identical names among the candidates standing for election to Council this year. She thought the attention of members should be drawn to it particularly as names were no longer placed in alphabetical order on the ballot paper.

## BPSA becomes an official part of the Society

The British Pharmaceutical Students' Association officially became a section of the Pharmaceutical Society, last week, when the two respective presidents signed a leatherbound copy of the new BPSA constitution. The BPSA executive was mandated to approach the Society in 1975.

Mrs Estelle Leigh, president of the Society, described the occasion as "auspicious and historic". She said many felt it was a sad day for pharmacy when the Society gave up its role as an examining body. Five years ago when the new preregistration experience requirements were introduced it was proposed that the Society should once more examine in pharmacy law but it was feared that the instruction within universities might be given a lower place in the order of priorities by both staff and students.

Another loss had been that it was no longer a requirement for students to register with the Society with an official and definitive link. "We have come full circle", she said. The Society was once again looking at its examining role and the current review of preregistration requirements could result in the Society "actively assessing" persons wishing to register. Concerning student contact, Mrs Leigh said she could not remember a single year when there had not been a good and co-operative relationship between BPSA and the Society. She did not forecast any dramatic change in the relationship—it would move from a very good to an excellent one. Mrs Leigh mentioned some of the past BPSA officers: Mr D. F. Lewis PSGB secretary and registrar (former BPSA secretary); Mr C. Hitchings, Guild of Hospital Pharmacists' president (BPSA officer); Mr W. Darling, youngest-ever PSGB president (BPSA president); Mr D. Dalglish, member of Council (BPSA

president) and Mr B. Wills, chief pharmacist, Department of Health (BPSA president).

Mr A. Stow, BPSA president, said he did not think the task had been easy for either side. He thanked Mr R. Dickinson and Mrs S. Henry of the Society, for their help and hard work. At the business session of the BPSA conference (see p 596) the students voted unanimously to accept the new constitution, standing orders and regulations.

## Advisory Council on Misuse of Drugs

The Advisory Council on the Misuse of Drugs, established under the Misuse of Drugs Act 1971, has been re-appointed for a further three years. The chairman is Sir Robert Bradlaw, former president of the British Dental Association, and Mr Derek Turner (Home Office) is secretary. The members include Mr J. C. Bloomfield, OBE, FPS, FBOA, JP, retail pharmacist and member of the Council of the Pharmaceutical Society; Professor J. D. P. Graham, MD, DSc, professor of pharmacology, University of Wales; and Mr J. A. Smith, FPS, chairman and managing director of Upjohn Ltd and a member of the board of management of the Association of the British Pharmaceutical Industry.

## PATA annual meeting in May

The 82nd annual meeting of members of the Proprietary Articles Trade Association will be held on May 11 at the Connaught Rooms (Devon Room), Great Queen Street, London WC2B 5DA, at 2.00 pm. The meeting is open to members of all sections of the association.



# More controls on doctor dispensing urged

Pharmacy students want controls over doctor dispensing similar to those for retail pharmacies. At last week's British Pharmaceutical Students' Association conference in Cardiff an amended motion—that doctor dispensing was subject to no control by Pharmaceutical Society inspectors, police drug squad or weights and measures inspectors and should be brought into line with retail pharmacy dispensing—was passed.

The original motion also stated that doctor dispensing was crude and inaccurate and should be under the responsibility of a pharmacist. After a short discussion it was decided that without supporting evidence it was unfair to retain the words "crude and inaccurate" and some students felt that to call for a pharmacist in supervision could create antagonism between the two professions particularly in the light of the Clothier Committee's report on rural dispensing. Mr. S. Wicks, Bath, said that doctor dispensing was needed in rural areas where it was unprofitable for a pharmacy to exist. The proposer of the original motion, Mr. I. Thorp, believed that doctor dispensing was a danger to the patient and such a move would improve the image of pharmacists and increase employment prospects.

## Reduce intake of students?

A motion that schools of pharmacy in Great Britain should reduce the intake of students was not carried. The proposer Mr J. Patel, Aberdeen, believes that the problems of unemployment experienced by teachers and engineers could soon reach pharmacy students. He suggested action should be taken while there was still time. Mr. U. Patel, Sunderland, however, said that schools were already limiting the intake of students. Miss J. Slipper, general secretary, pointed out that entry had been stabilised at about 1,300 for the past four years but because the proportion of women was increasing and they were not likely to undertake continuous employment the employment prospects should improve. Mr. B. Ferguson, Heriot-Watt, thought that if there was no evidence for a reduction in need of pharmacists the student intake must not be reduced. Mr. N. Gibson, Strathclyde, said there were many young pharmacists employed in hospitals and that the number of vacancies could soon decrease.

The problem facing students from overseas in obtaining preregistration places because of a one-year limit on the work permit by the Home Office had not been resolved, conference was told. At last year's conference the BPSA executive was asked to request that the Pharmaceutical Society consult the Department of Health and other interested

bodies on the possibility of extending the permit to two years after graduation. Mr. A. Stow, president, said discussions had taken place but the Home Office would not allow it. Pharmacy was not the only profession affected, he said. Mr. M. England, Chelsea, proposed that the problem required urgent action and that BPSA should continue to make the necessary representations to all bodies concerned. The motion was carried by a large majority.

Conference directed the BPSA executive to compile detailed information on the content of pharmacy courses available in Great Britain for the representation of Britain to interested parties. Mr. A. Stow, president, said he had recently returned from a meeting in France of the association of French pharmacy students (ANEPF) attended by representatives of pharmacy students from eight EEC countries. Discussion had centred on the free movement of pharmacists within the EEC and it became clear that education varied considerably between the members. The British degree was held in disregard. It was suggested at that meeting that each country produce a document on pharmacy courses including great detail on the syllabus and proportion of time spent on each part. The motion was passed *nem con*, there being no speaker against.

A motion that "BPSA regrets the absence of student representation on the working party on the preregistration year and hopes that in the light of our new relationship, the Pharmaceutical Society will realise the contribution that BPSA can make in fields such as this in the future" was carried *nem com*. Mr. T. Sizer, treasurer, said BPSA would be consulted after any report but students should be able to influence the working party during the discussion stage. He said the Society argument has been that BPSA did not truly represent students and it was not experienced in the issues.

The Pharmaceutical Society should re-establish its authority as an examining

body especially with regard to forensic pharmacy, believes Mr. W. MacInally, Heriot-Watt. He said that only three of 800 preregistration students were refused membership of the Society last year, yet there must have been several who were not up to standard. He felt an examination or assessment was necessary. Forensic pharmacy examinations were often taken during the second year of the degree course and the legal requirements could be forgotten by the time of preregistration. An examination during the preregistration period could improve the situation. Mr. T. Sizer, treasurer, added that the Society inspectors could spend a day a year to invigilate.

Mr. P. Mannion, conference organising chairman, thought there was a difference between complying with the law and knowing it. He felt many Schedule I poisons had been put into the Medicines Act Prescription Only List because pharmacists did not exercise their rights to sell them sufficiently. An examination during the preregistration year would test if students had understood the law after working with it. Following an amendment to remove the word "especially" the vote was taken and because of the large number of abstentions the chairman, Mr. A. Stow, ruled the amended motion not carried. However, he said the executive would still put the idea to the Society.

Conference considered the motions concerning students that are to be discussed at the Society's branch representatives meeting in May. Support was expressed for most but the two student representatives (retiring and new president) at BRM were directed to support the following only on proviso that assumptions on ambiguities were correct and that BPSA discussion feelings were expressed. The motions were (16) from Dover and Shepway branch on the advisability of ensuring management training was included in the preregistration year. BPSA were in favour of personnel training but not retail management training; (19) from Leeds branch on a method of assessment for preregistration students be instituted before registration—BPSA policy is for an oral assessment; (36) from Cardiff branch on the founding of a College for the Practice of Pharmacy.

more on p599



The new BPSA executive. Left to right front: Miss C. Morley, IPSF liaison, Mr P. Mannion, president, Mr W. MacInally, sports. Back: Mr N. Gibson, secretary, Mr D. Stearne, Western co-ordinator, Mr A. Latty, public relations, Mr N. Kenny, treasurer, Mr J. Allen, Tartan co-ordinator, Mr M. Crisp, Eastern co-ordinator





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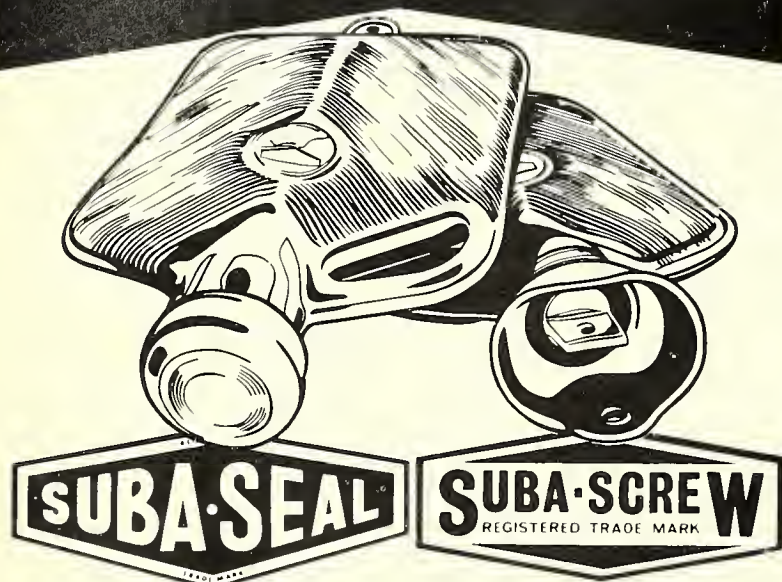
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# Advertising to the public and the professions

There are not enough pharmacists to counterprescribe for all patients with symptoms of ill-health just as there are not enough doctors to cope should those people visit them, believes Mr J. Wells, director, Proprietary Association of Great Britain. Speaking during a forum session on "Advertising" at the British Pharmaceutical Students' Association conference in Cardiff last week, Mr Wells said if only 10 per cent of those people with symptoms who did not see a doctor did so, then four times the number of general practitioners would be needed and it would cost £750 million. Surveys had shown that in any four-week period, nine in ten persons would suffer at least some symptom of ill-health.

Should doctors really be exercising their professional skills on coughs and colds? he asked. Many doctors say no because such illnesses were self-limiting and often needed no diagnosis. There should be more patient self-reliance in health care together with a reliance on patients to see a doctor when they thought necessary. Mr Wells said 20 per cent of symptoms of ill-health were serious, and 80 per cent were not treated by diagnosis but from the patient's own experience. In nine out of 10 cases home treatment worked and only 10 per cent of those cases were referred to a doctor. A study at Guy's Hospital had shown 75 per cent of self medication was effective for the symptoms.

Advertising of proprietary medicines, Mr Wells said, reminded the public of symptoms that could be treated at home and it was also a reminder of the products available. Of 2,049 complaints to the Advertising Standards Authority during 1975-77 only three were against PAGB members, one being upheld.

## New roles for pharmacists

Secondary health diagnosis and well-person screening were expanded roles for the pharmacist Mr Wells believed. Once a patient's condition was diagnosed the pharmacist could supply maintenance treatment with prescription-only medicines, he suggested. That might require patients registering at particular pharmacies but the pharmacist was better equipped than the doctor's receptionist. Routine screening of blood, urine and weight was not a popular role for doctors but Mr Wells believed there was an increasing need for detecting early signs of disease and the pharmacist could become involved.

Much drug promotional material was now being presented as educational, Professor P. Parish, professor of clinical pharmacy, University of Wales Institute of Science and Technology, told the

audience. Since the Department of Health had restricted the promotional budgets of drug companies, he knew of one company which now called its medical representatives "information executives". Advertising was a way of life in a capitalist society and it reflected that society. To question drug advertising was to question society, he said.

The major issues were the scope, cost, content of advertising and the effect on doctor and patient. Advertising might be correct, correct but misleading, or correct but inappropriate. The invention of terms could mislead, Professor Parish said.

Despite research, the fundamental question remained unanswered—did it lead to bad prescribing? he said. Prescribing was clearly affected by advertising but the correlation between inappropriate and unsafe prescribing was debatable. Advertising affected the choice of preparation. Drug companies had to provide information to doctors but should not usurp the doctor's evaluative function. Continued education was often tied up with the drug industry.

## Not to blame for wastage

There was a correlation between advertising and drug overuse but advertising could not be blamed for the high volume of wastage. The two major factors were high volume and high frequency of prescribing, Professor Parish believed. Many patients who needed treatment did not receive it and many were inadequately treated. To correct that more drugs would need to be prescribed, not less, he pointed out. Prescribing could often be a disengagement act to "get rid of the patient". Patients could not be blamed for expecting what they had been led to expect—a pill for all ills.

Education was the outcome of the power status struggle between department heads—students were taught what the lecturers knew and not necessarily what was needed for the practice of a profession. Pharmacists did not speak the language of doctors and therefore could not communicate with them adequately. Professor Parish thought pharmacists should be able to find, interpret, evaluate and *give an opinion* on a drug to a doctor.

Mr A. Hodges, director, Benton and Bowles advertising agency, said his profession was the second most unpopular in the UK. Advertising was loaded with sociopolitical importance and with misconceptions. After tracing the preparation and development of a campaign, he pointed out that of all clients medicines manufacturers were the most cautious and often more responsible than



P. Mannion, new BPSA president

most. The essential points of advertising were accuracy, clarity and empathy.

For many centuries apothecaries, druggists and pharmacists had combined drugs in different forms for different effects and these were recommended or promoted in many ways said Dr J. Padfield, May & Baker. However, modern promotions have become more specialised from standard journal advertising to extremely sophisticated films.

Appearing increasingly in the pharmaceutical Press were advertisements referring to bioavailability data and bioequivalence. Bioavailability related to both the rate and extent of absorption. Thus in any examination of a blood level profile the complete profile would be desirable but was a rare event in some advertisements, he suggested. Much confusion arose through misuse of "equivalence" terms. While bioequivalence between products usually guaranteed therapeutic equivalence, bioinequivalence did not necessarily imply therapeutic inequivalence. Products may be: Bioequivalent but not therapeutically equivalent due to differences in tissue response to the concentration of drug reaching it; availability equivalent but not bioequivalent due to differences in rate but not extent of absorption and *vice versa*; pharmacopoeial equivalent but not availability equivalent due to differences in rates of solution or rates of absorption.

It might be assumed that provided a new formulation is compared with the existing brand product bioavailability could be expressed with reference to that brand product. However, complications arose when "equivalent" formulations were shown to be more bioavailable than the brand product, suggesting the brand leader was inferior. A good example, he said, was the approaches to informing pharmacists and giving the required information to make a rational choice between brands of ampicillin. One referred to the quality and price commenting that it had proven bioequivalence to the currently most widely prescribed form of ampicillin. Another emphasised cost and profit. What both promotions did not say, however, was that, bioequivalence may be unimportant since the

*Continued on p600*



## Advertising

inter-subject variability in the absorption of ampicillin is great and thus differences in bioavailability for the drug may not be a serious problem.

Blood level data was being used increasingly but was often not as informative as it should be. In some advertisements there were gaps in the data and the times themselves did not tell a great deal having only three or four points respectively, none of which defined a peak or indicated which parameters were important. Blood levels should be viewed with caution therefore.

Physico-chemical data should also be carefully scrutinised. It had been well established that a correlation existed between *in vitro* dissolution and *in vivo* absorption. However, for nitrofurantoin, for example, no sensible correlation had been shown between dissolution and absorption. Dr Padfield warned, therefore, that confirmation should be sought at all times if the data was not clear.

### Evaluation of literature

Questions to ask when examining promotional literature included: When was the drug administered (Fasting can reduce absorption); Was food present or absent in the stomach?; Was the drug administered to patients or volunteers (healthy males under 25)? He then suggested consideration of the following: Ranges, standard deviations, error bars on graphs, peak drug concentration and time to reach it, area under curve. The area under curve is the most important measurement in single-dose bioavailability studies based on blood concentration. It is closely related to the amount of drug entering the circulation and for the best correlation with completeness of observation, plasma concentrations must be measured over a long period of time. If not AUC is influenced by the rate as well as the extent.

Dr Padfield reminded the audience that products were being promoted, and it was often what was not said that was important. If promotional methods changed it would be because pharmacists queried the information. The information was often available but not promoted.

During the discussion period Professor Parish said he had doubts on well-person screening as suggested by Mr Wells because there would be too much involved. Pharmacists would be better extending the health education role. Mr N. Gibson, Strathclyde, asked if there was not too much emphasis in advertising on the benefits and not side effects, for example. Professor Parish said there was always a benefit to risk balance and that patient interaction with drugs was often more important than drug-drug interactions. He thought society received what it deserved in advertising. When it was realised that pharmacists could influence doctors then promotions and gifts, etc, would be directed at them.

## COMPANY NEWS

### Small advance for Glaxo in first half

In the half-year to December 31, consolidated sales of Glaxo Holdings Ltd, excluding UK wholesaling, amounted to £189m, an increase of 3.5 per cent over the corresponding six months last year. Sales overseas were £148m, an increase of 3 per cent, and sales in the UK, excluding wholesaling, were £41m, an increase of 7 per cent. The turnover of Vestric Ltd, increased by 20 per cent to £72m. Exports to customers and subsidiary and associated companies abroad were £58m, an increase of 11 per cent. The pre-tax profit was £40.3m, an increase of 2 per cent.

The demand for the company's products continued to rise firmly but in some markets trading conditions were difficult and, in general, price increases did not keep pace with rising costs. Since December 31, however, the prices of some pharmaceutical products have been increased and further increases are sought.

The anti-hypertensive preparation, Trandate, introduced in the UK over a year ago, has shown encouraging progress and has been well received in those overseas markets where it has been introduced. Cefuroxime, a cephalosporin antibiotic, has just been put on the market in West Germany and Italy and is expected to be on the UK market next week.

The figures given above include the results of Murphy Chemical Ltd, up to the date of sale but do not include those of the American subsidiary, Meyer Laboratories Inc, acquired in January.

### Sterling-Winthrop sales reach £100 m

Sales by Sterling-Winthrop Group reached £99.3m in the year to October 1977, an increase of £25m over the previous year. The profit performance improved significantly after the difficult years between 1974 and 1976, helped by the recovery of the pound and the lower rate of UK inflation. Profit after tax was £5.3m (£3.1m in 1976).

Mr Barrie S. Haigh, managing director of Kirby Pharmaceuticals Ltd (left) and Mr J. Robert Hulme who has been elected chairman

Exports accounted for 38 per cent of sales and increased by 32 per cent to £22m, the most important markets being Europe, Australia, Eastern Europe and the USA. After taking into account imports, the Group contributed over £19m to the UK's balance of trade.

Capital expenditure of £4.5m during the year included a major new production building and plant for Tyneside Printers at Fawdon, Northumberland, a reconstruction programme on the Izal site at Chapeltown, Yorkshire, and the completion of the paracetamol plant at Sterling Organics.

### Briefly

**Dermalex Co Ltd** have moved their head office to 146 Kilburn High Road, London NW6 4JD (telephone 01-624 4686). The old address at 14 Broadway, SW1, is now the West End office.

## APPOINTMENTS

**Richardson-Merrell Ltd UK:** Mr Jurgen Mellmann, managing director, has additionally assumed the position of chairman with immediate effect.

**Merck Sharp & Dohme Ltd:** Mr Gerald Crane has been appointed general manager of Thomas Morson Pharmaceuticals, the new division formed to launch Dolobid in the UK (C&D, Jan 21, p96.)

**Unichem Ltd:** Mr Barrie Boots has been promoted to manager of the Kingston-upon-Thames branch. He joined the company in 1975 at Kingston-upon-Thames as stock control/administration manager, and in 1976 was appointed assistant manager.

**Kirby Pharmaceuticals Ltd:** Mr J. R. Hulme, BSc, CChem, FRIC, former chief executive, has been elected chairman, and Mr B. S. Haigh, MPS, has joined the company as managing director. Mr Haigh began his career at Pindersfield Hospital, followed by a period in retail pharmacy, and entered the pharmaceutical industry with Merck Sharp & Dohme Ltd. The company reports a four-fold increase in sales since 1972 and a 250 per cent improvement in exports in the past three years. In parallel, £0.5m has been invested in new plant and equipment, and an adjacent factory has been acquired.





MARKET NEWS

More chemicals up

London April 12: Continuing the trend of the past few weeks a number of important pharmaceutical chemicals are dearer including chloroform and the iodides. Glucose is being marked up on April 17 to the rates given below. Also dearer are benzoic acid, caffeine, calcium carbonate, hypophosphorous acid and a number of phosphates.

There was a quiet but steady demand for botanicals. Dearer are benzoin, cascara, cherry bark, gentian root, lemon peel, sarsaparilla and witchhazel leaves. Easier are Cape aloes, Canada and Peru balsams, henbane and ipecacuanha.

The market for essential oils was dull. There were price movements in cinnamon leaf, citronella, and palmarosa.

Pharmaceutical chemicals

Aluminium chloride: Pure 50-kg lots £1.0206 kg.  
Ammonium acetate: BPC 1949 crystals £0.7378 kg in 50-kg lots; strong solution BPC 1953 £0.243 kg in 200-kg lots.  
Ammonium chloride: Pure in 50-kg lots £0.2344 kg for powder.  
Ammonium tartrate: Commercial £1.56 kg in 50-kg lots.  
Benzoic acid: BP in 500-kg lots, £0.7426 kg.  
Borax: EP grades, 2-4 ton lots per metric ton in paper bags, delivered—granular £222; powder £242; extra fine powder £253.  
Calcitane: Anhydrous BP and hydrous, £4.56 kg in 100-kg lots.  
Calcium carbonate: BP light £145 metric ton.  
Calcium chloride: BP anhydrous 96/98% £0.93 kg in 50-kg lots of powder; granular £0.95; hexahydrate crystals BP 1968 £0.68.  
Calcium lactate: 100-kg lots £1.45 kg.  
Chloroform: BP £443 to £470 per metric ton according to drum size; in 2-litre bottle £2.48 each; 500-ml bottle £1.00 each.  
Ergometrine: (50-g lots per g) maleate £6.50; tartrate £4.  
Ether: Anaesthetic: BP 2-litre bottle £2.88 each; 1-ton lots in drums from £1.39 in 18-kg drums to £1.25 kg in 130-kg. Solvent, BP from £940 metric ton in 16-kg drums to £853 in 130-kg.  
Ferric ammonium citrate: BP £1.45 kg in 250-kg.  
Ferric citrate: £2.75 kg in 250-kg lots.  
Ferrous carbonate: BPC 1959 saccharated £1.50 kg (50-kg lots).  
Ferrous fumarate: BP £1.75 kg in 50-kg lots.  
Ferrous gluconate: £1.860 per metric ton.  
Ferrous succinate: BP £4.50 kg (50-kg lots).  
Ferrous sulphate: BP/EP small crystals £500 metric ton; dried £500 metric ton.  
Glucose: (Per metric ton in 10-ton lots)—mono-hydrate £205; anhydrous £445; liquid 43° Baumé £215 (5-drum lots); naked 14-tons £175 ton.  
Glycerin: In 250-kg returnable drums £610 metric ton in 5-ton lots.  
Hypophosphites: £ per kg.

	12½-kg	50-kg
Calcium	4.20	3.94
Iron	7.19	6.92
Magnesium	6.63	6.02
Manganese	8.34	7.69
Potassium	5.76	5.46
Sodium	4.75	4.22

Hypophosphorous acid: (Per metric ton in 50-kg lots). Pure 50 per cent £374.20; BPC (30 per cent) £293.60.  
Iodides: Ammonium £7.97 kg (for 50-kg lots); potassium £3.77 kg (250-kg lots); sodium £5.66 kg (250-kg).  
Magnesium carbonate: BP per metric ton—heavy £550 to £590, light £450.  
Magnesium chloride: BP crystals £0.68 kg for 50-kg lots.  
Magnesium dihydrogen phosphate: Pure £198.32 kg in 50-kg lots.

Magnesium hydroxide: (metric ton) BPC light £1,240; 28 per cent paste £440.  
Magnesium oxide: BP per metric ton, heavy £1,350; light £1,240.  
Magnesium sulphate: BP £116.70-£124.70 metric ton commercial £103.50-£111.50; exsiccated BP £249.40.  
Magnesium trisilicate: £1 kg (metric ton lots); £1.20 kg (500 kg lots).  
Mercury: BPC redistilled £7.10 kg in kg lots.  
Mercurials: Per kg in 50-kg lots; ammoniated £7.48; oxide—red £8.82 and yellow £8.54; perchloride £6.14; subchloride £7.82, iodide £8.10.  
Mersalyl: Acid £30.50 kg in 10-kg lots.  
Methyl salicylate: 5-ton lots £1.26 kg; 1-ton £1.30.  
Drugs Regulations, £1.33 per 5-g.  
Metol: Photo grade per kg, 50-kg lots £6.37.  
Nicotinamide: (Per kg) £6.29, £5.04 in 5-kg lots; £4.29 (50-kg).  
Parattin liquid: £ per litre excluding duty:

BPC grades	1-5 drums	6 drums	bulk
No 4	37.7	37.3	32.3
WA3	37.1	36.7	32.7
medium WA2	38.4	38.0	34.0
heavy	40.9	40.5	36.5
light technical WA23	34.4	34.0	30.0
WA21	35.8	35.4	31.4

Potassium diphosphate: BPC 1949 in 50-kg lots, granular £1.9017 kg; powder £1.6744.  
Sodium acid phosphate: BP crystals £1.07-£1.18 kg for 50-kg lots.  
Sodium benzoate: £0.5623 kg in 500 kg lots.  
Sodium sulphate: Fine crystals BP £80 per metric ton, pea crystals £99.90; commercial £34.60.  
Yohimbine hydrochloride: £285 per kg.

Crude drugs

Aloes: Cape £1,120 ton spot; £1,030, cif. Curacao £2,450 afloat.  
Balsams: (kg) Canada: lower at £10.75 spot; £10.60 cif. Copaiba: £2.15 spot; no cif. Peru: £6.25 spot; £6, cif. Tolu: £4.85 spot.  
Benzoin: Block £141 cwt spot; £140 cif nominal.  
Buchu: Rounds £1.55 kg spot; £1.50, cif.  
Cascara: £1,210 metric ton spot; £1,200, cif.  
Cherry bark: spot £1,250 metric ton; £1,220, cif.  
Cinnamon: Seychelles bark spot unquoted; £400, £400, cif. nominal Ceylon quills 4 o's £0.75½ lb; featherings £310 metric ton, cif.  
Cloves: Madagascar or Zanzibar £3,750 metric ton, cif.  
Cochineal: Peruvian silver-grey £15.00 kg spot; £14.75, cif. Tenerife black £16, cif.  
Dandelion: Spot £1,450 metric ton spot; £1,400, cif.  
Gentian: Root £1,320 metric ton spot; £1,280, cif.  
Ginger: Cochinchina new crop £920 metric ton, cif. Other sources not offering.  
Henbane: Niger, £1,660 metric ton spot; £1,620, cif.  
Hydrastis: spot £11.30 kg; forward £11.20, cif.  
Ipecacuanha: (kg) Costa Rica £9.90 spot; £9.70, cif.  
Jalap: Mexican basis 15% £1.50 kg spot; shipment £1.42 Brazilian £1.22, cif.  
Lanolin: BP in 1-metric-ton lots £0.92 per kg.  
Lemon peel: Unextracted £1,020 metric ton spot; shipment £990, cif.  
Licorice root: Russian £350 metric ton spot; £345, cif. Block juice £147 per 100 kg spot; spray dried £1.50-£1.60 kg.  
Menthol: (kg) Brazilian £9.25 spot; £9, cif. Chinese £8.80 duty paid £7.75, cif.  
Pepper: (ton, cif) Sarawak black £1,190 spot; £1,095, cif; white £1,635 spot; £1,525, cif.  
Sarsaparilla: Mexican £1.62 kg spot; £1.58, cif.: Jamaican £1.95 spot; £1.93, cif.  
Seeds: (metric ton, cif). Anise: China star £900 spot; Caraway: Dutch £730, cif. Celery: Indian £470; Dutch nominal. Corlander: Indian £350. Cum'n: Egyptian £900. Turkish £900. Iranian £840. Dill: £220. Maw: £430.  
Senega: Canadian £13.60 kg spot; £13.40, cif.  
Tonquin beans: £2.90 kg spot; £2.80, cif.  
Witchhazel leaves: Spot £3.25 kg; £3.15, cif.

Essential oils

Buchu: South African £120 per kg spot; English distilled £220.  
Cade: Spanish £1.25 kg.  
Camphor white: £0.90 kg spot and cif.  
Cinnamon: Ceylon leaf £2.55 kg cif.  
Citronella: Ceylon £1.40 kg spot; £1.35, cif; Chinese £2.05 spot; shipment £2.15, cif.  
Geranium: Bourbon £38.70, kg, cif. Chinese £27, cif.  
Ginger: Imported £70 kg spot; English-distilled £95.  
Lavender spike: £13 kg cif.  
Lemon: Sicilian best grades about £15 kg.  
Lemongrass: Cochinchina £5.20 kg spot; £4.60, cif.  
Lime: West Indian £10.50 kg spot.  
Palmarosa: No spot offers; £11.80, kg, cif.  
Patchouli: Penang £9.75 kg, cif.  
Peppermint: (kg) Arvensis—Brazilian £5.75 spot and cif. Chinese £5 spot, £4.65, cif. Piperata, American Far West about £19 cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Monday, April 17

Harrow & Hillingdon Branch, Pharmaceutical Society, Northwick Park Hospital, Watford Road, Harrow, at 7.30 pm. Annual meeting.  
Plymouth Branch, Pharmaceutical Society, Board room, Greenbank Hospital, at 8 pm. Annual meeting.

Tuesday, April 18

Ayrshire Branch, Pharmaceutical Society, Savoy Park Hotel, Ayr, at 8 pm. Annual meeting and supper evening.  
Barnet Branch, Pharmaceutical Society, Avenue House, East End Road, Finchley, at 7.30 pm. Annual meeting followed by Mr Arthur Noble (crime prevention officer, Metropolitan Police) on "Crime prevention in pharmacy".  
Fife Branch, Pharmaceutical Society, Adam Smith Centre, Kirkcaldy, at 8pm. Wine, cheese 'n chat.  
Lanarkshire Branch Pharmaceutical Society, Nurses recreation hall, Strathclyde Hospital, Motherwell, at 7.30 pm. Annual meeting with sherry.  
Stirling & Central Scottish Branch, Pharmaceutical Society, Station Hotel, Stirling, at 8 pm. Annual meeting.  
Teesside Branch, Pharmaceutical Society, Marton Country Club, at 7.45 pm. Annual meeting.

Wednesday, April 19

Brighton Branch, Pharmaceutical Society, Postgraduate medical centre, Brighton General Hospital, Elm Grove, at 7.30 pm. Annual meeting.  
Harrogate Branch, Pharmaceutical Society, Duchy room, Cairn Hotel, Harrogate, at 8 pm. Dr R. Hicks (lecturer, Bradford University) on "The nature and treatment of some respiratory diseases".  
London Branch, Guild of Hospital Pharmacists Section, ASTMS, Wellcome Building Auditorium, 183 Euston Road, at 7.30 pm. Discussion of motions and instructions of delegates for ASTMS annual delegates meeting, followed by Professor G. M. Besser (St Bartholomews Hospital) on "Prolactin, the gonad and bromocriptine".  
West Metropolitan Branch, Pharmaceutical Society, Great Western Royal Hotel, Paddington Station, at 7 pm. Mr D. C. Harrod on "The Chelsea Physic Garden".

Thursday, April 20

Bedfordshire Branch, Pharmaceutical Society, Bird-in-Hand, Henlow Camp, Henlow Cross Roads, at 8 pm. Annual meeting.  
Burnley Branch, Pharmaceutical Society, Ram Inn, Cliviger, at 8 pm. Annual meeting.  
Cardiff Branch, National Pharmaceutical Association, Park Hotel, Park Place, Cardiff, at 7 pm. Annual meeting followed at 8 pm by Mr Ivor Harrison (lecturer, UWIST) on "The Medicines Act—the new regulations".  
Epsom Branch, Pharmaceutical Society, Seminar room, Epsom District Hospital, Dorking Road, Epsom, at 7.45 pm. Annual meeting.  
Lancaster & Morecambe Branch, Pharmaceutical Society, Boots staff room, Euston Road, Morecambe, at 7.45 pm. Mr H. Littler (Society inspector) on "Recent changes in pharmacy legislation".  
Leeds Branch, National Pharmaceutical Association, Golden Lion Hotel, Lower Briggate, Leeds, at 8.15 pm. Annual meeting followed by a showing of "The vital link".  
Northern Scottish Branch, Pharmaceutical Society, National Hotel, Dingwall, at 7.45 pm. Annual meeting followed by "Sojourn in Zambia".  
Wirral Branch, Pharmaceutical Society, Postgraduate medical centre, Clatterbridge Hospital, Meal starting at 7.15 pm, followed by annual meeting.

Advance information

International Professional Security Association Annual conference, on "Security in the 80s," June 5 to 8. Applications to Batiste Promotions & Exhibitions, Pembroke House, Campsbourne Road, London N8.

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## ASPRO CLEAR

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Nicholas Laboratories Ltd, 225 Bath Road, Slough, Bucks. Tel: Slough 23971. Grams: Nicholas Slough. Telex: 848388.

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## COLOSTOMY & ILEOSTOMY APPLIANCES

Danmed Ltd., Somersham Road, St Ives, Cambs. Tel: 0480-62600. Telex: 32674.

## CONTRACEPTIVE SHEATHS—HORIZON, COUTURE, TAHITI STIMULA

Contact Nicholas Hall, Director of Marketing, Akwell. A division of G. D. Searle & Co. Ltd., PO Box 53, Lane End Road, High Wycombe, Bucks. Tel: High Wycombe (STD 0494) 21124.

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## COSMETICS

Afro Girl Cosmetics Ltd., 77 Lower Clapton Road, London E5. 01-985 8819 and 01-476 5414. Creme Simon Ltd., 7 Lauderdale Parade, Lauderdale Road, London W9 1LU. Tel: 01-286 7509.

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